

458-081-07

WATER WELL DRILLERS REPORT #19614

State Well No.

Other Well No.

(1) OWNER:

Name Marion Milford

Address 1663 Gosham St.
Chula Vista Calif 92010

(2) LOCATION OF WELL:

County San Diego Owner's number, if any

Township, Range, and Section Sec 14 T5 18 R 6 E

Distance from cities, roads, railroads, etc.

Ph 420-9432

(3) TYPE OF WORK (Check):

New Well ☒ Deepening ☐ Reconditioning ☐ Destroying ☐
If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary Air ☒
Cable ☐
Other ☐

(6) CASING INSTALLED:

STEEL: OTHER:

SINGLE ☐ DOUBLE ☐

If gravel packed

| From ft. | To ft. | Diam. | Gage or Wall | Diameter of Bore | From ft. | To ft. |
|----------|--------|-------|--------------|------------------|----------|--------|
| 0 | 214 | 6 5/8 | 188 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Size of shoe or well ring:

Size of gravel:

Describe joint

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen

| From ft. | To ft. | Perf. per row | Rows per ft. | Size in. x in. |
|----------|--------|---------------|--------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes ☒ No ☐ To what depth 21 ft.

Were any strata sealed against pollution? Yes ☒ No ☐ If yes, note

depth of strata From 0 ft. to 20 ft.

From 0 ft. to 20 ft.

Method of sealing Cement

(9) WATER LEVELS:

Depth at which water was first found, if known 80 ft.

Standing level before perforating, if known 70 ft.

Standing level after perforating and developing 70 ft.

(10) WELL TESTS:

Was pump test made? Yes ☒ No ☐ If yes, by whom? R. O. Harris

Yield: 6 gal/min. with Not known ft. drawdown after 1 hrs.

Temperature of water Was a chemical analysis made? Yes ☐ No ☒

Was electric log made of well? Yes ☐ No ☒ If yes, attach copy

(11) WELL LOG:

Total depth 170 ft. Depth of completed well 170 ft.

Formation: Describe by color, character, size of material and structure

| | | |
|----|-----|----------------|
| 0 | 1 | Top soil |
| 1 | 20 | D. S. |
| 20 | 60 | Medium granite |
| | | Brown |
| 60 | 170 | Hard white |
| | | Granite |

Work started 12-17 1975, Completed 12-19 1975

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Reo Const Inc

(Person, firm, or corporation) (Typed or printed)

Address Star Rt 2 BN 20

[Signed] R. O. Harris
(Well Driller)

License No. 271466 Dated 12-21, 1975

SKETCH LOCATION OF WELL ON REVERSE SIDE

OVER



COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH
WELL PERMIT APPLICATION

DEH USE ONLY
PERMIT # LWEL 18495
WELL COMPUTER #
FEE: 444
WATER DIST: _____

1. Property Owner: Michelle Greenfield ^{619- WK.}
38709 Alta Vista Boulevard Ca. 91931
Mailing Address City Zip
Phone: 584-7908
2. Well Location - Assessors Parcel Number 658-090-52
38709 Alta Vista Rd Boulevard Ca 91931
Site Address City Zip
3. Well Contractor - Well Driller Frank Company Name: Frank's Drilling
PO Box 310153 Guatay Ca. 91931
Mailing Address City Zip
Phone #: 619 445-8731 C-57#: 437200 ☐ Cash Deposit ☒ Bond Posted
4. Use: ☒ Private ☐ Public ☐ Industrial ☐ Cathodic ☐ Other _____
5. Type of Work: ☒ New ☐ Reconstruction ☐ Destruction Time Extension: ☐ 1st ☐ 2nd
6. Type of Equipment: Air Rotary
7. Depth of Well: Proposed: 1000 Existing: 0
8. Proposed:

| Casing | Conductor Casing | Filter/Filler Material | Perforations |
|---------------------------|--|--|-----------------------|
| Type: <u>Steel</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Depth: <u>20</u> | Depth: _____ ft. | From: _____ To: _____ | From: _____ To: _____ |
| Diameter <u>6 1/2</u> in. | Diameter <u>12</u> in. | Type: _____ | From: _____ To: _____ |
| Wall/Gauge: <u>156</u> | Wall/Gauge: _____ | Wall/Gauge: _____ | From: _____ To: _____ |

9. Annular Seal: Depth: 20 ft. Sealing Material: Bentonite clay
Borehole diameter: 6 1/2 in. Conductor diameter: 12 in. Annular Thickness 2 in.
10. Date of Work: Start: 9/4/07 Complete: _____

On sites served by public water, contact the local water agency for meter protection requirements.

I hereby agree to comply with all regulations of the Department of Environmental Health, and with all ordinances and laws of the County of San Diego and the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work, I will furnish the Department of Environmental Health with a complete and accurate log of the well. I accept responsibility for all work done as part of this permit and all work will be performed under my direct supervision.

Contractor's Signature: Fezper

Date: 9/4/07

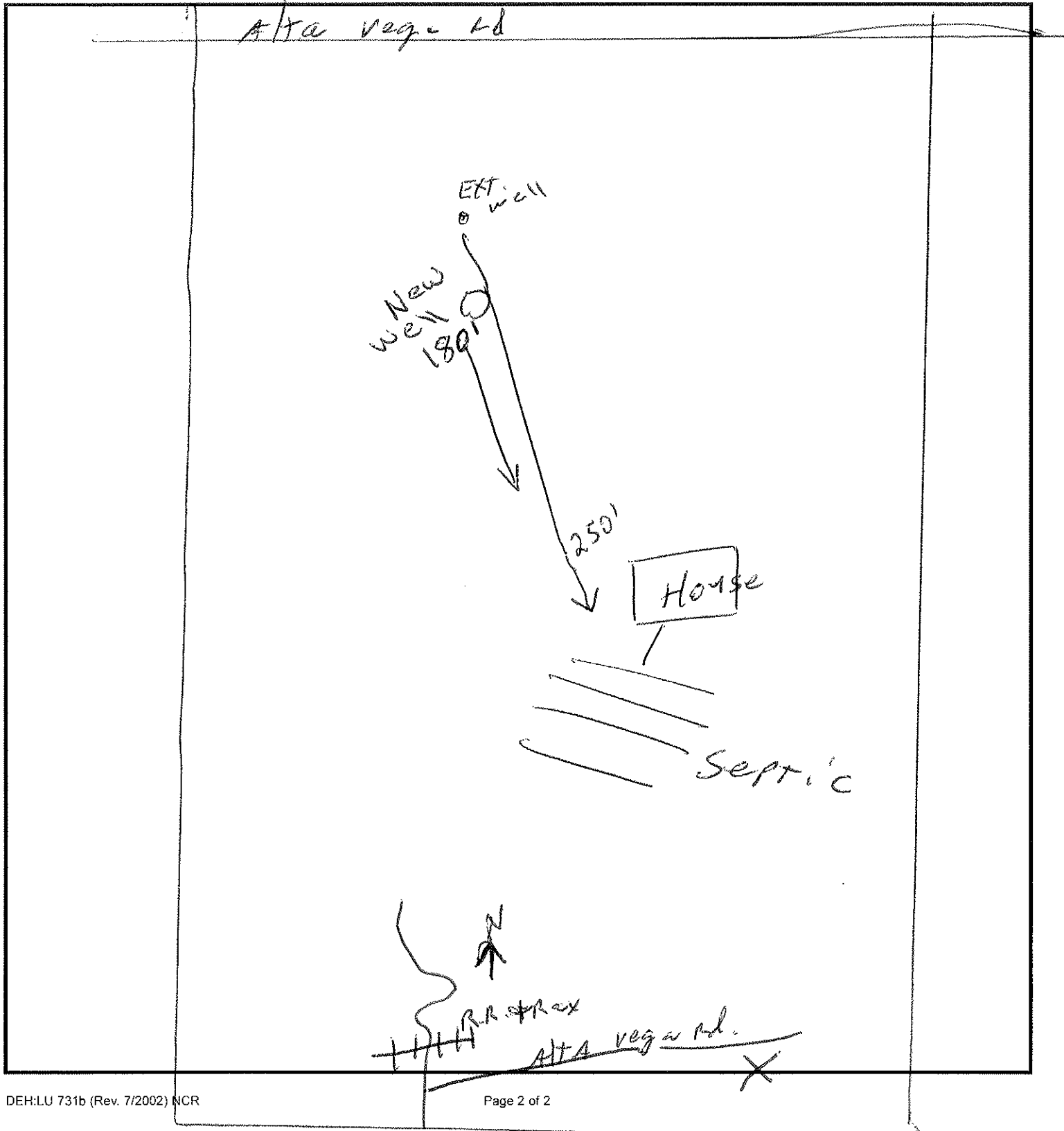
DISPOSITION OF APPLICATION (Department of Environmental Health Use only)

☒ Approved ☐ Denied Special Conditions: Grading and clearing associated with access to, or the construction, maintenance or destruction of water wells, may require additional permits from the County of San Diego and/or other agencies. call for well growth seal inspection

Specialist: Angie Mann Date: 9-12-07

LOCATION

Indicate below the vicinity and exact location of well with respect to the following items: Property lines, water bodies or water courses, drainage pattern, easements, roads, existing wells, sewers and private sewage disposal systems and other potential contamination sources, including dimensions.



109618495

ORIGINAL

File with DWR

Page 1 of 1

Owner's Well No. 1

Date Work Began 12 September 2007 Ended 18 September 2007

Local Permit Agency San Diego County Environmental Health

Permit No. LWEL 10495

Permit Date 04 September 2007

STATE OF CALIFORNIA WELL COMPLETION REPORT

No. 1017800

| | | | |
|----------------------------|--|----------------|--|
| DWR USE ONLY | | DO NOT FILL IN | |
| STATE WELL NO./STATION NO. | | | |
| LATITUDE | | LONGITUDE | |
| APPLICABLE OTHER | | | |

| GEOLOGIC LOG | | |
|---|-----|---|
| ORIENTATION (✓) <input checked="" type="checkbox"/> VERTICAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> ANGLE (SPECIFY) | | |
| DRILLING METHOD <u>Air Rotary</u> FLUID <u>Water</u> | | |
| DEPTH FROM SURFACE | FL | DESCRIPTION |
| Ft. | to | Ft. |
| 0 | 2 | Top Soil |
| 2 | 25 | Broken DG and sand |
| 26 | 290 | Black & white granite with sand fractures |
| 295 | 485 | Black & White granite & 2 GPM |
| 486 | 660 | Salt & Pepper Granite FRACTURES & 3 gpm |
| 661 | 700 | salt & pepper granite & fractures 8 gpm |
| Well Produces 8 gpm | | |
| N 32' 36 526 | | |
| W 116' 18487 | | |
| TOTAL DEPTH OF BORING <u>700</u> (Feet) | | |
| TOTAL DEPTH OF COMPLETED WELL <u>700</u> (Feet) | | |

| WELL OWNER | |
|--|--|
| Name <u>Michelle Greenfield</u> | |
| Mailing Address <u>38709 Alta Vega Rd</u> | |
| <u>Boulevard, Ca 91905</u> | |
| CITY <u>San Diego</u> STATE <u>Ca</u> ZIP <u>91905</u> | |
| Address <u>38709 Alta Vega Rd.</u> | |
| City <u>Boulevard Ca 91905</u> | |
| County <u>San Diego</u> | |
| APN Book <u>658</u> Page <u>090</u> Parcel <u>52-00</u> | |
| Township <u>17s</u> Range <u>6 E</u> Section <u></u> | |
| Latitude <u></u> NORTH Longitude <u></u> WEST | |
| LOCATION SKETCH | |
| | |
| Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE. | |
| ACTIVITY (✓) <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> MODIFICATION/REPAIR <input type="checkbox"/> Deepen <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> DESTROY (Describe Procedures and Materials Under 'GEOLOGIC LOG') | |
| PLANNED USES (✓) <input checked="" type="checkbox"/> WATER SUPPLY <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> PUBLIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> MONITORING <input type="checkbox"/> TEST WELL <input type="checkbox"/> CATHODIC PROTECTION <input type="checkbox"/> HEAT EXCHANGE <input type="checkbox"/> DIRECT PUSH <input type="checkbox"/> INJECTION <input type="checkbox"/> VAPOR EXTRACTION <input type="checkbox"/> SPARGING <input type="checkbox"/> REMEDIATION <input type="checkbox"/> OTHER (SPECIFY) _____ | |
| WATER LEVEL & YIELD OF COMPLETED WELL DEPTH TO FIRST WATER _____ (Ft.) BELOW SURFACE DEPTH OF STATIC WATER LEVEL <u>UNK</u> (Ft.) & DATE MEASURED <u>9-10-07</u> ESTIMATED YIELD <u>8 gpm</u> (GPM) & TEST TYPE <u>Air lift</u> TEST LENGTH <u>2</u> (Hrs.) TOTAL DRAWDOWN <u>Unk</u> (Ft.) * May not be representative of a well's long-term yield. | |

| DEPTH FROM SURFACE | | BORE-HOLE DIA. (Inches) | CASING (S) | | | | | | DEPTH FROM SURFACE | | ANNULAR MATERIAL | | | | | |
|--------------------|-----|-------------------------|------------|--------|-------------|-----------|------------------|----------------------------|--------------------|---------|-------------------------|---------------------------|------|---|------------|----------------|
| | | | TYPE (✓) | | | | MATERIAL / GRAOE | INTERNAL DIAMETER (Inches) | | | GUAGE OR WALL THICKNESS | SLOT SIZE IF ANY (Inches) | TYPE | | | |
| Ft. to Ft. | | | BLANK | SCREEN | CON- DUCTOR | FILL PIPE | | | | | | | | | Ft. to Ft. | CE- MENT (✓) |
| 0 | 20 | 12 | X | | | | | Steel | 6.5 | .156 | | 0 | 20 | X | X | |
| 20 | 700 | 6.5 | | | | | | | | | | | | | | |
| 0 | 700 | | | | | | | PVC | 4" | SDR 121 | .040 | 0 | 1000 | | | 5/16 well rock |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

| ATTACHMENTS (✓) | CERTIFICATION STATEMENT |
|---|---|
| <input type="checkbox"/> Geologic Log <input type="checkbox"/> Well Construction Diagram <input type="checkbox"/> Geophysical Log(s) <input type="checkbox"/> Soil/Water Chemical Analysis <input type="checkbox"/> Other _____ | I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief. NAME <u>Franks Well Drilling</u> (PERSON, FIRM, OR CORPORATION) P.O Box 310153 Guatay Ca 91931 ADDRESS _____ Signed <u>Maura Pappert</u> 9/3/08 WELL DRILLER / AUTHORIZED REPRESENTATIVE DATE SIGNED 437700 C-57 LICENSE NUMBER |

IF ADDITIONAL SPACE IS NEEDED, USE ADDITIONAL FORMS AND CONSECUTIVELY NUMBER ALL
DWR 188 REV. 11-97 (REVISED 06-03 BY www.TheContractorsGroup.com TO BE FILL-IN-ABLE)



County of San Diego

STORMWATER & DISCHARGE MANAGEMENT PLAN FOR WATER WELLS

This form must be submitted with all Well Permit Applications

Department Use Only

Well Permit Application Number: 18495

Assessor's Parcel Number: 658-090-52

SECTION 1. Required Information from Contractor or Consultant:

| Longitude & Latitude: _____ | How obtained? | GPS | Map | Other |
|--|---------------|-----|-----|-------|
| 1. Are there any watercourses or water bodies within 50 feet of the limits of soil disturbance? | YES | YES | NO | NO |
| 2. Does the plat show the project boundaries? (A "detail inset" is acceptable for a large parcel or lot). | YES | YES | NO | NO |
| 3. Does the plat show footprints of any existing structures and facilities within 100 feet of the wellhead position? | YES | YES | NO | NO |
| 4. Does the plat show locations where run-off may enter stormdrains, drainage courses and/or receiving waters? | YES | YES | NO | NO |
| 5. Is grading required to access site or install well? | YES | YES | NO | NO |
| 6. Does the project conform to the local grading ordinance? | YES | YES | NO | NO |
| 7. Will drilling additives be used to drill the well? | YES | YES | NO | NO |
| 8. Are the Best Management Practices attached to this permit application? | YES | YES | NO | NO |

SECTION 2. Best Management Practices

The goal of stormwater and discharge control management planning while drilling and installing wells is to reduce pollution to the maximum extent practicable using Best Management Practices (BMPs). Construction related materials, sediments, chemical residues such as drilling foam, wastes, and spills must be retained within the property boundaries to eliminate transport from the site to nearby streets, drainage courses, receiving waters and adjacent properties. It is the responsibility of the property owner and the contractor to determine which BMPs will be used in order to ensure that all contaminants are retained on-site.

Examples of Best Management Practices to contain well installation run-off include, but are not limited to, installation of a sediment basin to contain run-off, using geotextile fabric to contain sediments and drilling mud, or eliminating the use of drilling foam. (Website information is available at www.projectcleanwater.org)

SECTION 3. Certification

have read and understand the following: *(Please check each box after concurrence.)*

- 1 Selected BMP's will be implemented so that water quality is not negatively impacted by well construction activities.
- 2 I am aware the selected BMP's must be installed, maintained, monitored and revised as necessary so they are effective.
- 3 I understand that non-compliance with the San Diego County Watershed Protection Ordinance may result in enforcement actions by the County. These may include fines, citations, stop-work orders, or other actions.
- 4 DEH inspectors and personnel from other regulatory agencies are authorized to enter my property at any time for purposes associated with this well permit until such time the well is completed to the satisfaction of DEH.
- 5 Should DEH determine during the field review that the well installation procedures contradict this Discharge Management Plan or the well permit application, the well drilling permit may be suspended or revoked. Further activity will require a new permit fee and amendment to the existing permit.

Contractor Frank Thdy

Date _____

Property Owner Michelle Greenfield

Date 9/4/07

Reviewed by DEH _____

Date _____



County of San Diego

DANIEL J. AVERA
DIRECTOR

El Cajon: (619) 441-4030
Ruffin Road: (619) 565-5173
San Marcos: (760) 471-0730

DEPARTMENT OF ENVIRONMENTAL HEALTH
P.O. BOX 85261, SAN DIEGO, CA 92185-5261
(619) 338-2222 FAX (619) 336-2377

200 E. Main St., 6th Floor, El Cajon, CA 92020
5201 Ruffin Road, San Diego, CA 92123
338 Via Vera Cruz, Suite 201, San Marcos, CA 92069

Owner: Michelle Greenfield Site Address: Summit
38709 Alta Vega Rd.
Boulevard CA 91931

Dear Property Owner:

WELL PERMIT NUMBER WEL 18495 APN 658-090-52 WELL DRILLER Franks

This letter is to inform you that a: ☒ Private Well ☐ Public Well ☐ Industrial Well

☐ Other: _____

has been approved for installation on your property. The following conditions of approval apply:

- ☐ Prior to use of this well as a drinking water source, analysis must be done to ensure compliance with State standards. No septic tank permit will be issued unless sampling and analysis is completed and approved by this Department and an approved well log is received from the well driller.
- ☐ Prior to use of this well as a public water supply, approval from the appropriate regulatory agency must be obtained. Contact this Department's small water system specialist at (619) 565-5173 for assistance.
- ☐ This well site is located in an area where groundwater is known to have high nitrate levels and/or high total dissolved solids (TDS). The completed well can only be used for irrigation purposes until it has been tested by a certified laboratory and approved as safe by this Department. Septic tanks and/or building permits will not be issued unless the well meets potable water standards.
- ☐ This well is not approved for potable use and shall not be interconnected with the existing potable water system. An approved backflow prevention device must be installed at the well head to protect the well from potential contamination.

If a public water supply is currently serving this property, you must contact your local water agency for water meter protection requirements. In addition, if the well is used for irrigation purposes where a chemical feed injection device is installed, an approved backflow device is required at the well head.

The well permit fee includes a provision for one water sample to be collected by this Department. Bacteriological analysis and nitrate screening tests will be performed. The sample will be taken for up to one year from the date of the well permit approval.

Should you have any questions, please contact one of the following field offices: El Cajon - (619) 441-4030; Ruffin Road - (619) 565-5173; or San Marcos (760) 471-0730.

Water District: NORC



**COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH
WELL PERMIT APPLICATION**

| |
|--------------------------|
| DEH USE ONLY |
| PERMIT # <u>WEL15698</u> |
| WELL COMPUTER # |
| FEE: _____ |
| WATER DIST: _____ |

1. Property Owner: Joe Brown Phone: _____
805 Sierra Del Sol Rd. Boulevard 91905
Mailing Address City Zip
2. Well Location - Assessors Parcel Number 658-090-31
805 Sierra Del Sol Rd. Boulevard 91905
Site Address City Zip
3. Well Contractor - Well Driller Frankie Thing Company Name: Frankie Drilling
P.O. Box 310153 Guatay 91931
Mailing Address City Zip
- Phone#: 445-8131 C-57#: 4377006 ☒ Cash Deposit ☐ Bond Posted
4. Use: ☒ Private ☐ Public ☐ Industrial ☐ Cathodic ☐ Other _____
5. Type of Work: ☒ New ☐ Reconstruction ☐ Destruction Time Extension: ☐ 1st ☐ 2nd
6. Type of Equipment: Air
7. Depth of Well: Proposed: 200' - 1,000' Existing: _____
8. Proposed:
- | Casing | Conductor Casing | Filter/Filler Material | Perforations |
|------------------------|--|--|-----------------------|
| Type: <u>Gal</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Depth: <u>20ft</u> | Depth: _____ ft. | From: _____ To: _____ | From: _____ To: _____ |
| Diameter: _____ in. | Diameter: _____ in. | Type: _____ | From: _____ To: _____ |
| Wall/Gauge: <u>156</u> | Wall/Gauge: _____ | Wall/Gauge: _____ | From: _____ To: _____ |
9. Annular Seal: Depth: 20ft ft. Sealing Material: Bentonite Clay
Borehole diameter: 12 in. Conductor diameter: _____ in. Annular Thickness: 2 1/2 in.
10. Date of Work: Start: Dec. 2 2003 Complete: Jan. 2 2004

On sites served by public water, contact the local water agency for meter protection requirements.

I hereby agree to comply with all regulations of the Department of Environmental Health, and with all ordinances and laws of the County of San Diego and the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work, I will furnish the Department of Environmental Health with a complete and accurate log of the well. I accept responsibility for all work done as part of this permit and all work will be performed under my direct supervision.

Contractor's Signature: _____

Date: Dec. 2 2003

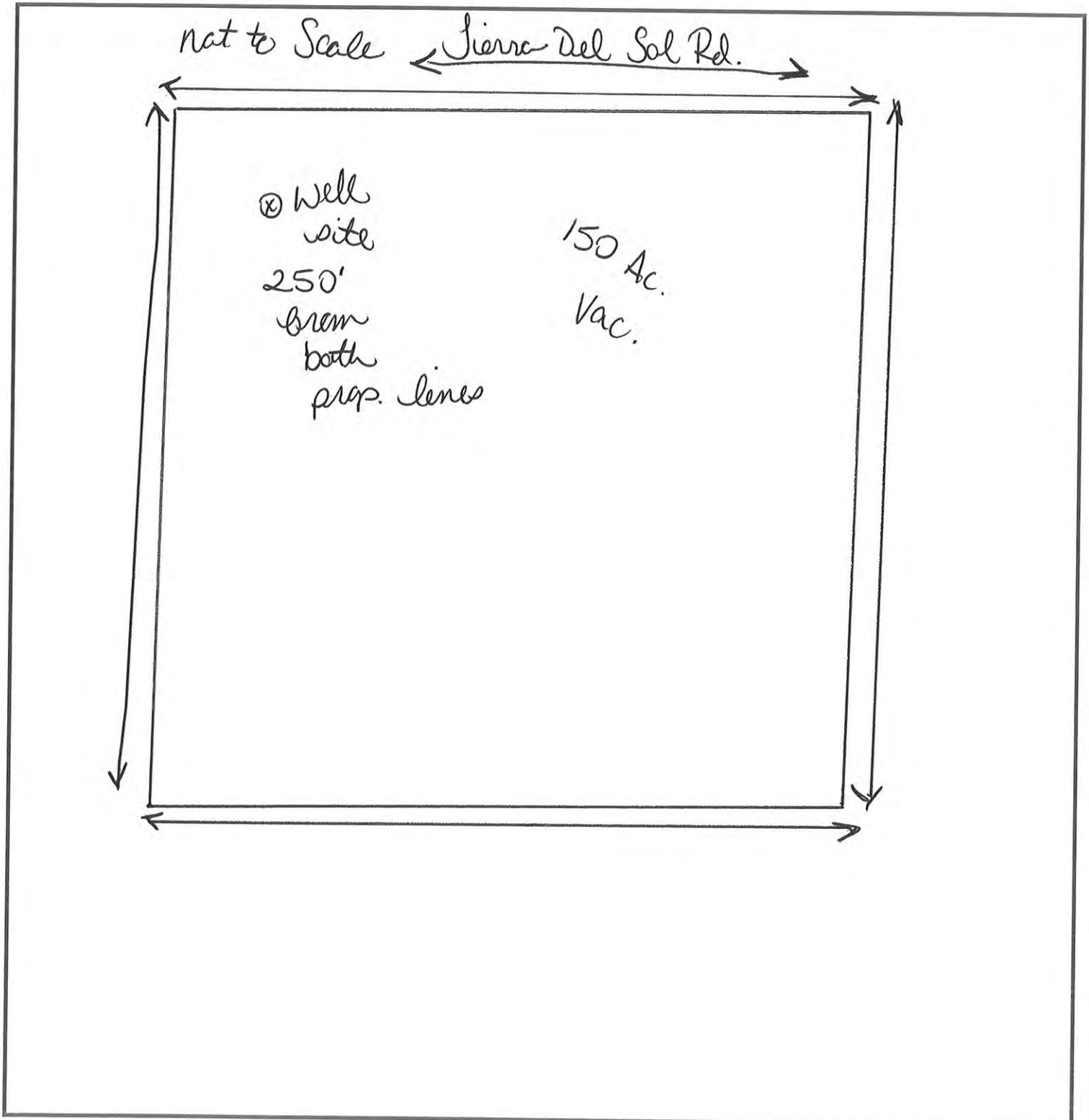
DISPOSITION OF APPLICATION (Department of Environmental Health Use only)

☒ **Approved** ☐ **Denied** Special Conditions: Grading and clearing associated with access to, or the construction, maintenance or destruction of water wells, may require additional permits from the County of San Diego and/or other agencies.

Specialist: Danny O'Call Date: 12/03/03

LOCATION

Indicate below the vicinity and exact location of well with respect to the following items: Property lines, water bodies or water courses, drainage pattern, easements, roads, existing wells, sewers and private sewage disposal systems and other potential contamination sources, including dimensions.



ORIGINAL

File with DWR

Page 1 of 1

Owner's Well No. 1

Date Work Began 12-5-03, Ended 12-15-03

Local Permit Agency San Diego County Environmental Health

Permit No. LWEL 15698 Permit Date 12-3-03

STATE OF CALIFORNIA
WELL COMPLETION REPORT

No. 771980

| | | | |
|----------------------------|--|----------------|--|
| DWR USE ONLY | | DO NOT FILL IN | |
| STATE WELL NO./STATION NO. | | | |
| LATITUDE | | LONGITUDE | |
| APN/TRS/OTHER | | | |

| GEOLOGIC LOG | | |
|--|--|------------------------------------|
| ORIENTATION (✓) <input checked="" type="checkbox"/> VERTICAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> ANGLE <input type="checkbox"/> (SPECIFY) | | |
| DEPTH FROM SURFACE | DRILLING METHOD | FLUID |
| Ft. to Ft. | DESCRIPTION <small>Describe material, grain size, color, etc.</small> | |
| 0- 8 ft. | | Top Soil |
| 8 18 | | Decomposed Granit W/gravel & rocks |
| 30 800 | | Salt & Pepper Granite |
| | | Fractures @ 120 ft. |
| | | 390 ft. |
| | | 450 ft. |
| | | 657 ft. |
| | | 789 ft. |
| | | Water @ 120 ft. |
| | | 390 ft. |
| | | 450 ft. |
| | | 657 ft. |
| | | 789 ft. |
| 392 P/M | | |
| 116.32003 | | |
| 32.60947 | | |

| WELL OWNER | |
|---|-----------------------|
| Name Joe Hector Brown | |
| Mailing Address 805 Tierra Del Sol Rd | |
| Boulevard Ca 9105 | |
| CITY | STATE ZIP |
| Address Same as above | |
| City Boulevard | |
| County San Diego | |
| APN Book 658 | Page 090 Parcel 31-00 |
| Township 18S | Range 6E Section 12 |
| Latitude | Longitude |
| DEG. MIN. SEC. NORTH | DEG. MIN. SEC. WEST |
| LOCATION SKETCH | |
| | |
| Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE. | |

| ACTIVITY (✓) | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | NEW WELL |
| <input type="checkbox"/> | MODIFICATION/REPAIR |
| <input type="checkbox"/> | Deepen |
| <input type="checkbox"/> | Other (Specify) |
| <input type="checkbox"/> | DESTROY (Describe Procedures and Materials Under GEOLOGIC LOG) |
| PLANNED USES (✓) | |
| <input checked="" type="checkbox"/> | WATER SUPPLY |
| <input checked="" type="checkbox"/> | DOMESTIC |
| <input type="checkbox"/> | PUBLIC |
| <input type="checkbox"/> | IRRIGATION |
| <input type="checkbox"/> | INDUSTRIAL |
| <input type="checkbox"/> | MONITORING |
| <input type="checkbox"/> | TEST WELL |
| <input type="checkbox"/> | CATHODIC PROTECTION |
| <input type="checkbox"/> | HEAT EXCHANGE |
| <input type="checkbox"/> | DIRECT PUSH |
| <input type="checkbox"/> | INJECTION |
| <input type="checkbox"/> | VAPOR EXTRACTION |
| <input type="checkbox"/> | SPARGING |
| <input type="checkbox"/> | REMEDIATION |
| <input type="checkbox"/> | OTHER (SPECIFY) |

 TOTAL DEPTH OF BORING 800 (Feet)
 TOTAL DEPTH OF COMPLETED WELL 800 (Feet)

WATER LEVEL & YIELD OF COMPLETED WELL

 DEPTH TO FIRST WATER 120 (Ft.) BELOW SURFACE
 DEPTH OF STATIC WATER LEVEL Unk (Ft.) & DATE MEASURED 11-30-03
 ESTIMATED YIELD 3 (GPM) & TEST TYPE Air Lift
 TEST LENGTH 2 (Hrs.) TOTAL DRAWDOWN Unk (Ft.)

* May not be representative of a well's long-term yield.

| DEPTH FROM SURFACE | | BORE-HOLE DIA. (Inches) | CASING (S) | | | | ANNULAR MATERIAL | | | |
|--------------------|----------|-------------------------|------------------|----------------------------|-------------------------|---------------------------|--------------------|------|-------------------------|--|
| Ft. to Ft. | TYPE (✓) | | MATERIAL / GRADE | INTERNAL DIAMETER (Inches) | GAUGE OR WALL THICKNESS | SLOT SIZE IF ANY (Inches) | DEPTH FROM SURFACE | TYPE | FILTER PACK (TYPE/SIZE) | |
| 0 20 | 12" | X | SCREEN | X | CONDUCTOR | ASTM 53 B | | | | |
| 0 800 | 6.5" | | | | | | | | | |

ATTACHMENTS (✓)

- Geologic Log
- Well Construction Diagram
- Geophysical Log(s)
- Soil/Water Chemical Analysis
- Other

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Franks' Well Drilling

(PERSON, FIRM, OR CORPORATION)

P.O. Box 310153 Guatay Ca 91931

ADDRESS

Signed *Frank J. Franks*
WELL DRILLER / AUTHORIZED REPRESENTATIVE5-13-04
DATE SIGNEDC57-437700
C-57 LICENSE NUMBER



COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH
WELL PERMIT APPLICATION

DEH USE ONLY
PERMIT # W
WELL COMPUTER #
FEE: _____
WATER DIST: _____

1. Property Owner: Karla Jenkins Phone: 658-260-1231
P.O. Box 1998 Lakeside, CA 92040
Mailing Address City Zip
2. Well Location - Assessors Parcel Number 658-090-05
Tierra De Luna Blud 91905
Site Address City Zip
3. Well Contractor - Well Driller Shannon Dierker Company Name: Franks Well Drilling
P.O. Box 310153 Guatay 91931
Mailing Address City Zip
- Phone#: (619) 445-8731 C-57#: _____ ☐ Cash Deposit ☒ Bond Posted
4. Use: ☒ Private ☐ Public ☐ Industrial ☐ Cathodic ☐ Other _____
5. Type of Work: ☐ New ☐ Reconstruction ☐ Destruction Time Extension: ☐ 1st ☐ 2nd
6. Type of Equipment: Drill B/g
7. Depth of Well: Proposed: 200 - 1000 Existing: —
8. Proposed:
- | Casing | Conductor Casing | Filter/Filler Material | Perforations |
|-------------------------|---|---|----------------------------|
| Type: <u>Steel</u> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Depth: <u>20 min</u> | Depth: _____ ft. | From: <u>unk</u> To: _____ | From: <u>unk</u> To: _____ |
| Diameter: <u>7</u> in. | Diameter: _____ in. | Type: _____ | From: _____ To: _____ |
| Wall/Gauge: <u>.156</u> | Wall/Gauge: _____ | Wall/Gauge: _____ | From: _____ To: _____ |
9. Annular Seal: Depth: 20 min ft. Sealing Material: Bent. Cement
Borehole diameter: 12 in. Conductor diameter: — in. Annular Thickness 2.5 in.
10. Date of Work: Start: 1-28-03 Complete: 1-28-04

On sites served by public water, contact the local water agency for meter protection requirements.

I hereby agree to comply with all regulations of the Department of Environmental Health, and with all ordinances and laws of the County of San Diego and the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work, I will furnish the Department of Environmental Health with a complete and accurate log of the well. I accept responsibility for all work done as part of this permit and all work will be performed under my direct supervision.

Contractor's Signature: _____

Date: _____

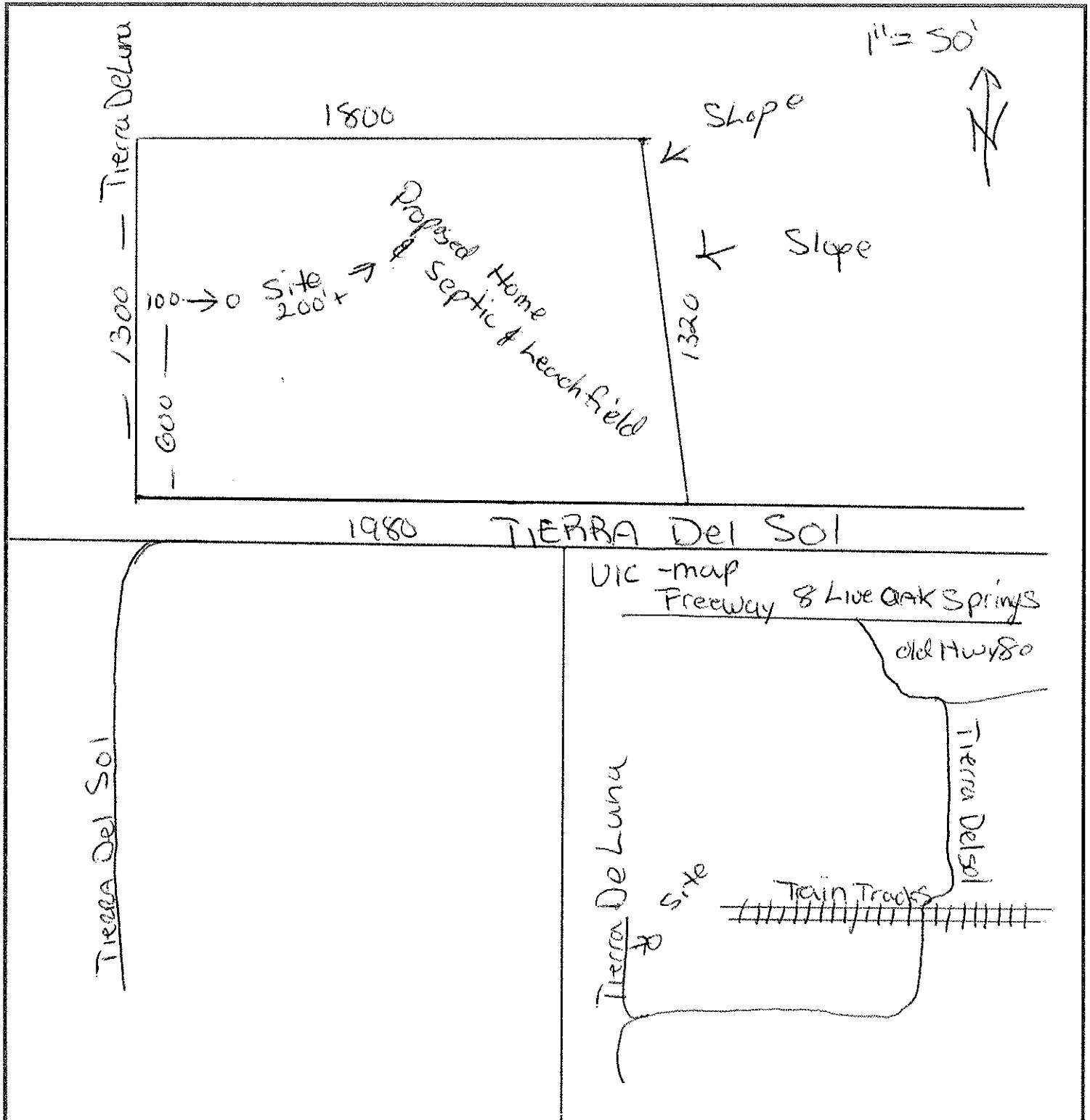
DISPOSITION OF APPLICATION (Department of Environmental Health Use only)

☒ Approved ☐ Denied Special Conditions: Grading and clearing associated with access to, or the construction, maintenance or destruction of water wells, may require additional permits from the County of San Diego and/or other agencies. _____

Specialist: Angela Arana OTC Date: 1-24-03

LOCATION

Indicate below the vicinity and exact location of well with respect to the following items: Property lines, water bodies or water courses, drainage pattern, easements, roads, existing wells, sewers and private sewage disposal systems and other potential contamination sources, including dimensions.



ORIGINAL
File with DWR
Page 1 of 1

Owner's Well No. 1
Date Work Began 6-10-04 Ended 6-24-04
Local Permit Agency San Diego County Environmental Health
Permit No. 1W815149 Permit Date 1-24-03

STATE OF CALIFORNIA
WELL COMPLETION REPORT
No. 0905184

| | | | |
|----------------------------|--|----------------|--|
| DWR USE ONLY | | DO NOT FILL IN | |
| STATE WELL NO./STATION NO. | | | |
| LATITUDE | | LONGITUDE | |
| APN/RS/OTHER | | | |

| GEOLOGIC LOG | | |
|--|-----|--|
| ORIENTATION (✓) <input checked="" type="checkbox"/> VERTICAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> ANGLE <input type="checkbox"/> (SPECIFY) | | |
| DRILLING METHOD <u>Air Rotary</u> FLUID <u>Water</u> | | |
| DESCRIPTION | | |
| DEPTH FROM SURFACE | FL | TO FL |
| 0 | 8 | Top Soil |
| 8 | 35 | Broken Dg with rocks and sand |
| 35 | 130 | Salt and pepper granite with few fractures some gravel & 2 GPM |
| 130 | 470 | Salt and pepper granite |
| 470 | 480 | Salt and pepper granite with few fractures 8 GPM |
| 480 | 500 | Salt and pepper granite |
| Well Produces 10 GPM | | |
| N 32° 36.682 | | |
| W 116° 20.024 | | |
| TOTAL DEPTH OF BORING 500 (Feet) | | |
| TOTAL DEPTH OF COMPLETED WELL 500 (Feet) | | |

| WELL OWNER | |
|---|--|
| Name <u>Kera Jenkins</u> | |
| Mailing Address <u>909 Tierra Del Luna Boulevard Ca 91905</u> | |
| CITY <u>San Diego</u> STATE <u>Ca</u> ZIP <u>91905</u> | |
| Address <u>Same</u> WELL LOCATION | |
| City <u>Boulevard</u> | |
| County <u>San Diego</u> Ca | |
| APN Book <u>658</u> Page <u>030</u> Parcel <u>05-00</u> | |
| Township <u>18S</u> Range <u>6E</u> Section <u>14</u> | |
| Latitude <u>32° 36' 36.682" N</u> Longitude <u>116° 20' 02.4" W</u> | |
| LOCATION SKETCH | |
| | |
| ACTIVITY (✓) <input checked="" type="checkbox"/> NEW WELL | |
| MODIFICATION/REPAIR <input type="checkbox"/> Deepen <input type="checkbox"/> Other (Specify) | |
| DESTROY (Describe Procedures and Materials Under 'GEOLOGIC LOG') | |
| PLANNED USES (✓) <input checked="" type="checkbox"/> WATER SUPPLY <input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> PUBLIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> INDUSTRIAL | |
| MONITORING <input type="checkbox"/> TEST WELL <input type="checkbox"/> CATHODIC PROTECTION <input type="checkbox"/> HEAT EXCHANGE <input type="checkbox"/> DIRECT PUSH <input type="checkbox"/> INJECTION <input type="checkbox"/> VAPOR EXTRACTION <input type="checkbox"/> SPARGING <input type="checkbox"/> REMEDIATION <input type="checkbox"/> OTHER (SPECIFY) | |
| Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE. | |
| WATER LEVEL & YIELD OF COMPLETED WELL | |
| DEPTH TO FIRST WATER 130 (FL) BELOW SURFACE | |
| DEPTH OF STATIC WATER LEVEL <u>Unkj</u> (FL) & DATE MEASURED <u>6-24-04</u> | |
| ESTIMATED YIELD <u>10</u> (GPM) & TEST TYPE <u>Air lift</u> | |
| TEST LENGTH <u>2</u> (Hrs.) TOTAL DRAWDOWN <u>Unkj</u> (FL) | |
| * May not be representative of a well's long-term yield. | |

| DEPTH FROM SURFACE | BORE-HOLE DIA. (Inches) | CASING (S) | | | | | DEPTH FROM SURFACE | ANNULAR MATERIAL | | | |
|--------------------|-------------------------|------------|------------------|----------------------------|-------------------------|---------------------------|--------------------|------------------|-------------|----------------|----------------|
| | | TYPE (✓) | MATERIAL / GRADE | INTERNAL DIAMETER (Inches) | GAUGE OR WALL THICKNESS | SLOT SIZE IF ANY (Inches) | | TYPE | CE-MENT (✓) | BEN-TONITE (✓) | FILL (✓) |
| 0 | 40 | 12 | Steel | 6.5 | .156 | | 0 | 40 | X | X | |
| 40 | 500 | 6.5 | PVC | 4" | SDR 21 | .040 | 0 | 500 | | | 5/16 Well Rock |

| ATTACHMENTS (✓) | | CERTIFICATION STATEMENT | |
|---|--|---|--|
| <input type="checkbox"/> Geologic Log <input type="checkbox"/> Well Construction Diagram <input type="checkbox"/> Geophysical Log(s) <input type="checkbox"/> Soil/Water Chemical Analysis <input type="checkbox"/> Other | | I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief. | |
| ATTACH ADDITIONAL INFORMATION, IF IT EXISTS. | | NAME <u>Franks Well Drilling</u> (PERSON, FIRM, OR CORPORATION) P.O Box 310153 Guatay Ca 91931 | |
| | | ADDRESS <u>Guatay Ca 91931</u> | |
| | | Signed <u>Paul O. Lopez</u> DATE SIGNED <u>2-20-05</u> 437700 C-57 LICENSE NUMBER | |

COUNTY OF SAN DIEGO
DEPARTMENT OF PUBLIC HEALTH

Page 1 of 2 pages

Permit No.

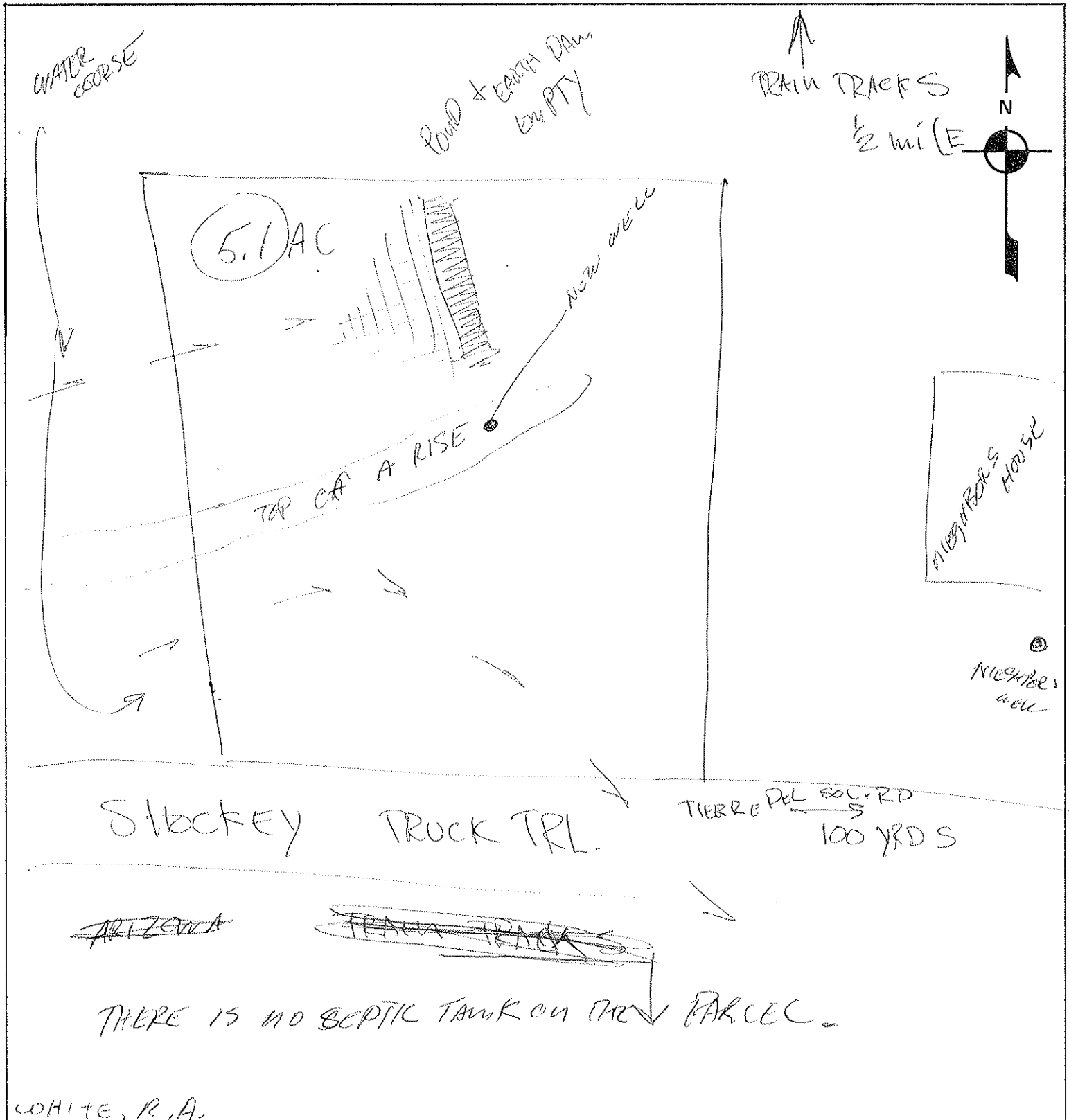
WELL PERMIT APPLICATION
1600 PACIFIC HIGHWAY SAN DIEGO, CA. 92101

| | | | | | |
|--|-------------------------------------|---------------------|--|-------------------|-------------------------------------|
| TYPE OF WORK (Check) | | USE (Check) | | EQUIPMENT (Check) | |
| New Well | <input checked="" type="checkbox"/> | Individual Domestic | <input checked="" type="checkbox"/> | Rotary | <input type="checkbox"/> |
| Repair or Modification | <input type="checkbox"/> | Agricultural | <input type="checkbox"/> | Cable Tool | <input checked="" type="checkbox"/> |
| Time Extension | <input type="checkbox"/> | Industrial | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Destruction | <input type="checkbox"/> | Commercial | <input type="checkbox"/> | | |
| | | Community | <input type="checkbox"/> | | |
| | | Other | | | |
| PROPOSED WELL DEPTH | | PROPOSED CASING | | | |
| Max. _____ Min. _____ (Feet) | | Type _____ | Depth _____ | Diameter _____ | Wall or Gage _____ |
| PROPOSED SEALING ZONE(S) | | | SEALING MATERIAL (Check) | | |
| From _____ to _____ Feet | | | Neat Cement <input type="checkbox"/> Puddled Clay <input type="checkbox"/> | | |
| From _____ to _____ Feet | | | Cement Grout <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> | | |
| From _____ to _____ Feet | | | | | |
| PROPOSED PERFORATIONS OR SCREEN | | | DATE OF WORK | | |
| From _____ to _____ Feet | | | Start <u>SEPT 30 1980</u> | | |
| From _____ to _____ Feet | | | Completion <u>OCT 30 1980</u> | | |
| From _____ to _____ Feet | | | | | |
| From _____ to _____ Feet | | | | | |
| NAME OF WELL OWNER | | | NAME OF WELL DRILLER | | |
| <u>RICHARD A. WHITE</u> | | | <u>Edward Lee Runnels</u> | | |
| LOCATION OF WELL | | | COMPANY | | |
| <u>TIERRE DEL SOL</u> | | | <u>E. L. RUNNELS DRILLING</u> | | |
| DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY) | | | BUSINESS ADDRESS | | |
| <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED | | | <u>STAR RTE 2 BOX # BOULEVARD</u> | | |
| <input type="checkbox"/> APPROVED WITH CONDITIONS | | | LICENSE NUMBER | | |
| | | | <u>34 23 29</u> | | |
| Report Reason(s) for Denial or Necessary Conditions Here: | | | Cash Deposit <input type="checkbox"/> Bond Posted <input checked="" type="checkbox"/> | | |
| | | | \$25 Fee paid on <u>9-22-80 P. 007078</u> <u>El Cajon H.C.</u> | | |
| | | | I hereby agree to comply with all regulations of the Department of the Public Health and with all ordinances and laws of the County of San Diego and of the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work I will furnish the Department of Public Health with a complete and accurate log of the well | | |
| | | | | | |
| <u>[Signature]</u> HEALTH OFFICER | | | <u>[Signature]</u> APPLICANT'S SIGNATURE | | |
| <u>9-23-80</u> DATE | | | <u>9/22/80</u> DATE | | |

Permit No. 658-090-33
Assessor's Parcel No. 08094

LOCATION

INDICATE BELOW THE EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS. INCLUDE DIMENSIONS.



COUNTY OF SAN DIEGO
DEPARTMENT OF PUBLIC HEALTH
1600 PACIFIC HIGHWAY, SAN DIEGO, CA 92101

Do Not Fill In

State Well No. _____

Other Well No. _____

WATER WELL DRILLERS REPORT

(1) OWNER:

Name RICHARD & KIT WHITE
Address DIAMOND BAR

(11) WELL LOG:

Total depth 110 ft. Depth of completed well 110 ft.

Formation: Describe by color, character, size of material and structure
ft. to ft.

(2) LOCATION OF WELL:

County SD Owner's number, if any

Township, Range, and Section

Distance from cities, roads, railroads, etc. 6 MILES WEST OF BLVD. 4 MILE SOUTH OF R.R. on SHOCKY TRAIL.

(3) TYPE OF WORK (Check):

New Well ☒ Deepening ☐ Reconditioning ☐ Destroying ☐
If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐
Cable ☐
Other ☐

(6) CASING INSTALLED:

STEEL: ☒ OTHER: ☐
SINGLE ☒ DOUBLE ☐

If gravel packed

| From ft. | To ft. | Diam. | Gage of Wall | Diameter of Bore | From ft. | To ft. |
|----------|--------|-------|--------------|------------------|----------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Size of shoe or well ring:

Size of gravel:

Describe joint NEED

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen

| From ft. | To ft. | Perf. per row | Rows per ft. | Size in. x in. |
|----------|--------|---------------|--------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes ☒ No ☐ To what depth 16 ft.

Were any strata sealed against pollution? Yes ☐ No ☒ If yes, note depth of strata From ft. to ft.

Method of sealing

(9) WATER LEVELS:

Depth at which water was first found, if known 55 ft.

Standing level before perforating, if known ft.

Standing level after perforating and developing 55 ft.

(10) WELL TESTS:

Was pump test made? Yes ☐ No ☒ If yes, by whom?

Yield: 20 gal/min. with 3 ft. drawdown after 1/4 hrs.

Temperature of water Was a chemical analysis made? Yes ☐ No ☒

Was electric log made of well? Yes ☐ No ☒ If yes, attach copy

Work started OCT 1 1980, Completed NOV 10 1980

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Ed Sumner
(Person, firm, or corporation) (Typed or printed)

Address STAR RTE BOX 5
BOULEVARD CALIF. 92605

[Signed] Ed Sumner
(Well Driller)

License No. 342329 Dated NOV. 12, 1980

SKETCH LOCATION OF WELL ON REVERSE SIDE

-090-36

| TYPE OF WORK (Check) | | USE (Check) | | EQUIPMENT (Check) | |
|------------------------|-------------------------------------|---------------------|-------------------------------------|-------------------|-------------------------------------|
| New Well | <input checked="" type="checkbox"/> | Individual Domestic | <input checked="" type="checkbox"/> | Rotary | <input checked="" type="checkbox"/> |
| Repair or Modification | <input type="checkbox"/> | Agricultural | <input type="checkbox"/> | Cable Tool | <input type="checkbox"/> |
| Time Extension | <input type="checkbox"/> | Industrial | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Destruction | <input type="checkbox"/> | Community | <input type="checkbox"/> | | |
| | | Other | | | |

| PROPOSED WELL DEPTH | | PROPOSED CASING | | | | |
|---------------------|-----------------|-----------------|-------------------|------------------|------------------------|--------------------------|
| Max. <u>200</u> | Min. <u>100</u> | (Feet) | Type <u>Steel</u> | Depth <u>20'</u> | Diameter <u>6 5/8"</u> | Wall or Gage <u>.156</u> |

| PROPOSED SEALING ZONE(S) | | SEALING MATERIAL (Check) | | | |
|--------------------------|------|--------------------------|--------------------------|----------------|--------------------------|
| From _____ to _____ | Feet | Neat Cement Grout | <input type="checkbox"/> | Bentonite Clay | <input type="checkbox"/> |
| From _____ to _____ | Feet | Sand Cement Grout | <input type="checkbox"/> | Concrete | <input type="checkbox"/> |
| From _____ to _____ | Feet | Other-Specify: _____ | | | |

| PROPOSED PERFORATIONS OR SCREEN | | DATE OF WORK | |
|---------------------------------|------|--------------|----------------|
| From _____ to _____ | Feet | Start | <u>4/23/86</u> |
| From _____ to _____ | Feet | Completion | <u>4/26/86</u> |
| From _____ to _____ | Feet | | |
| From _____ to _____ | Feet | | |

| NAME OF WELL OWNER | | NAME OF WELL DRILLER | |
|--|--|----------------------|--|
| <u>THEODORE & ROSEMARY PERKINS</u> | | <u>BILL MOFFETT</u> | |

| LOCATION OF WELL | | COMPANY | |
|---|--|--------------------------------------|--|
| <u>940 TIERRA DEL SOL RD</u> <u>BOULEVARD CALIFORNIA 92005</u> | | <u>E.L. RUNNELS QUALITY DRILLING</u> | |

| DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY) | | BUSINESS ADDRESS | |
|---|---------------------------------|--|--|
| <input checked="" type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | <u>STAR RTE #2, BOX 5, BOULEVARD CALIF 92005</u> | |
| <input type="checkbox"/> APPROVED WITH CONDITIONS | | LICENSE NUMBER <u>342329</u> | |
| Report Reason(s) for Denial or Necessary Conditions Here: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | | Cash Deposit <input checked="" type="checkbox"/> | |
| | | Bond Posted <input type="checkbox"/> | |
| | | Fee paid on <u>4-23-86</u> | |

| HEALTH OFFICER | | APPLICANT'S SIGNATURE | |
|--------------------|--|-----------------------|--|
| <u>[Signature]</u> | | <u>[Signature]</u> | |
| <u>4/23/86</u> | | <u>4/23/86</u> | |
| DATE | | DATE | |

658-090-16

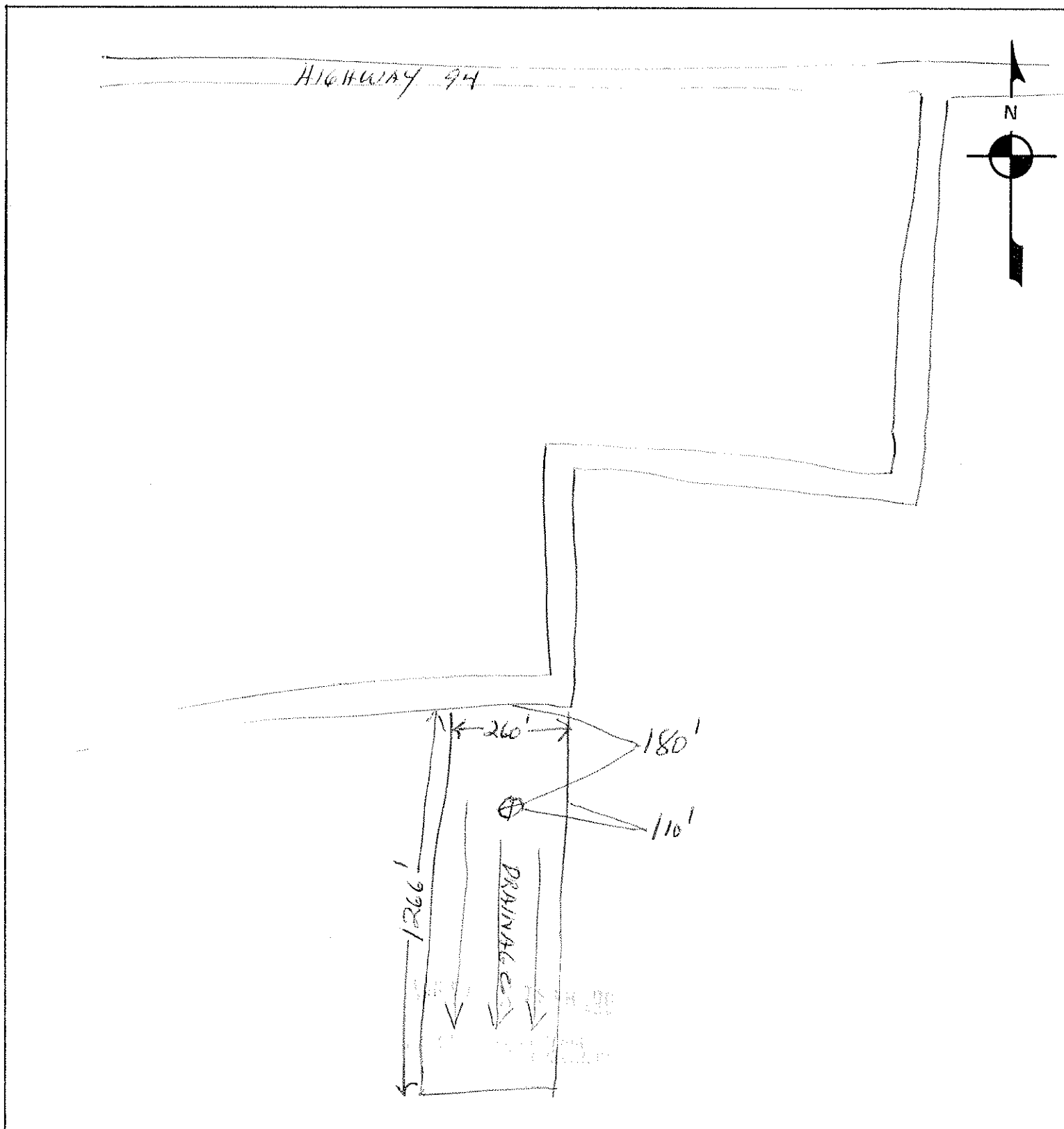
WEL 9056 7307

Permit No. W000791

Assessor's Parcel No. 658-080-07

LOCATION

INDICATE BELOW THE EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS. INCLUDE DIMENSIONS.



Perkins
W00791

ASSESSORS PARCEL NUMBER:
658 081 07

FIRST CARBON COPY

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101

Notice of Intent No. _____ WATER WELL DRILLERS REPORT State Well No. _____
Local Permit No. or Date _____ (INSERT under ORIGINAL PAGE w/carbon of State Form) Other Well No. _____

(1) OWNER: Name Theodore Perkins
Address 940 Tierras Del Sol Rd
City Boulevard CA Zip 92005

(12) WELL LOG: Total depth 245 ft. Depth of completed well 245 ft.
from ft. to ft. Formation (Describe by color, character, size or material)

(2) LOCATION OF WELL (See instructions):
County San Diego Owner's Well Number _____
Well address if different from above _____
Township _____ Range _____ Section _____
Distance from cities, roads, railroads, fences, etc. 5 mi S. of Hwy 94
on Tierras Del Sol Road

0 - 61 Hard decomposed Granite
69 - 65 Fracture - Blackish to Rust + Talc - Coarse
65 - 150 Salt + pepper Granite
150 - 155 Fracture - dark green color - Coarse
155 - 195 Salt + pepper - numerous small fractures
195 - 200 Large sand grains - brown color
200 - 245 Salt + pepper - numerous fractures

DEPARTMENT USE ONLY
Completed Well Construction:
Date 6-19-86
Date Inspected 4-26-86
Comments Annular Seal installed
Water Sample Taken? no
Sanitarian's Approval: [Signature]

(3) TYPE OF WORK:
New Well ☒ Deepening ☐
Reconstruction ☐
Reconditioning ☐
Horizontal Well ☐
Destruction ☐ (Describe destruction materials and procedures in Item (2))
(4) PROPOSED USE:
Domestic ☒
Irrigation ☐
Industrial ☐
Test Well ☐
Stock ☐
Municipal ☐
Other ☐

WATER STRATA
150-155 = 1 Gpm
195-245 = 6 Gpm
TOTAL = 7 Gpm

(5) Equipment:
Rotary ☒ Reverse ☐
Cable ☐ Air ☐
Other ☐ Bucket ☐

(6) Gravel Pack:
Yes ☐ No ☒ Size _____
Diameter of above _____
Packed from _____ to _____ ft.

(7) Casing Installed:
Steel ☐ Plastic ☐ Concrete ☐

(8) Perforations:
Type of perforation or size of screen _____

| From ft. | To ft. | Dia. in. | Gage or Wall | From ft. | To ft. | Slot Size |
|----------|-----------|--------------|--------------|----------|--------|-----------|
| <u>0</u> | <u>20</u> | <u>6 5/8</u> | <u>154</u> | | | |
| | | | | | | |
| | | | | | | |

(9) WELL SEAL:
Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 20 ft.
Were strata sealed against pollution? Yes ☐ No ☒ Interval _____ ft.
Method of sealing _____

(10) WATER LEVELS:
Depth of first water, if known 150 ft.
Standing level after well completion 30 ft.

(11) WELL TESTS:
Was well test made? Yes ☒ No ☐ If yes, by whom? Quality Drilling
Type of test Pump ☐ Bailer ☐ Air lift ☒
Depth to water at start of test 65 ft. At end of test 50 ft.
Discharge 7 gal/min after 3 hours Water temperature _____
Chemical analysis made? Yes ☐ No ☒ If yes, by whom?
Was electric log made? Yes ☐ No ☒ If yes, attach copy to this report

Work started 4-23 19 86 Completed 4-26 19 86

WELL DRILLERS STATEMENT: I hereby declare under penalty of perjury that the information provided in this report is true. This water well was installed in compliance with San Diego County Code and State of California, Department of Water Resources, Bulletin No. 74.

SIGNED Bill [Signature] (Well Driller)
NAME EL. Ronnels - Quality Drilling
(Person, firm, or corporation) (Typed or printed)
Address 41684 Old Hwy 80
City Boulevard CA Zip 92005
License No. 342329 Date of this report 5-3-86

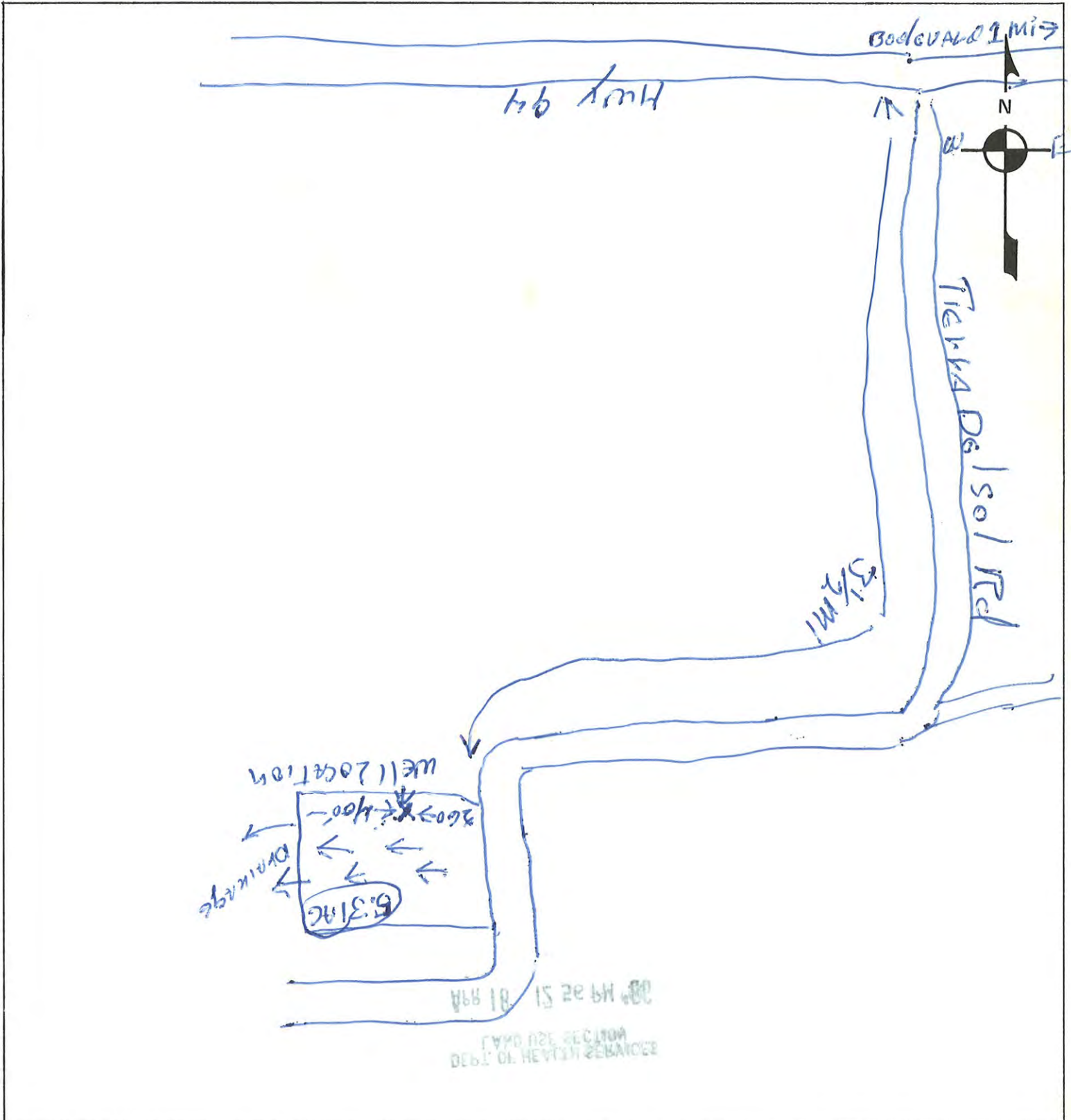
WEL 7301 1898

Permit No. W00766

Assessor's Parcel No. 658-081-04

LOCATION

INDICATE BELOW THE EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS. INCLUDE DIMENSIONS.



Original received
4-23-86
EC CN

Ogard
W00766

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101

658 081 04

Notice of Intent No. _____

WATER WELL DRILLERS REPORT

State Well No. _____

Local Permit No. or Date _____

(INSERT under ORIGINAL PAGE w/carbon of State Form)

Other Well No. _____

(1) OWNER: Name George + Janice Ogard
Address 1622 HST
City Chula Vista Zip 92010

(2) LOCATION OF WELL (See instructions):
County San Diego Owner's Well Number _____
Well address if different from above Tierra Del Sol Rd.
Township _____ Range _____ Section _____
Distance from cities, roads, railroads, fences, etc. 5 mi S of Hwy 94
on Tierra Del Sol Rd.

(12) WELL LOG: Total depth _____ ft. Depth of completed well _____ ft.
from ft. to ft. Formation (Describe by color, character, size or material)

D 96 medium hard decomposed Granite
96 - 110 fracture Black + Gray Granite w/orange
110 - 143 Gray Granite w/ small Fractures + Tak.
143 - 152 Fracture Coarse Brown Formation
152 - 230 Salty pepper Granite numerous fractures

DEPARTMENT USE ONLY

Completed Well Construction:

Date 4-21-86Date Inspected 6-19-86Comments Annular sealnot seen slab pondWater Sample Taken? YesSanitarian's Approval: K. L. McNeill

(3) TYPE OF WORK:

New Well ☒ Deepening ☐Reconstruction ☐Reconditioning ☐Horizontal Well ☐Destruction ☐ (Describe destruction materials and procedures in Item (2))

(4) PROPOSED USE:

Domestic ☒Irrigation ☐Industrial ☐Test Well ☐Stock ☐Municipal ☐Other ☐

WATER STATUS

140 - 155 = 1 gpm
200 - 230 8 gpm

Total 9 Gpm

(5) Equipment:

Rotary ☒ Reverse ☐Cable ☐ Air ☐Other ☐ Bucket ☐

(6) Gravel Pack:

Yes ☒ No ☐ Size per

Diameter of above _____

Packed from _____ to _____ ft.

(7) Casing Installed:

Steel ☒ Plastic ☐ Concrete ☐

(8) Perforations:

Type of perforation or size of screen

| From ft. | To ft. | Dia. in. | Gage or Wall | From ft. | To ft. | Slot Size |
|----------|-----------|--------------|--------------|----------|--------|-----------|
| <u>0</u> | <u>20</u> | <u>6 3/4</u> | <u>156</u> | | | |
| | | | | | | |
| | | | | | | |

(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth _____ ft.Were strata sealed against pollution? Yes ☐ No ☒ Interval _____ ft.Method of sealing NEAT Cement Grout

(10) WATER LEVELS:

Depth of first water, if known 140' ft.Standing level after well completion 50 ft.

(11) WELL TESTS:

Was well test made? Yes ☒ No ☐ If yes, by whom? Qual. DrillingType of test Pump ☐ Bailer ☐ Air lift ☒Depth to water at start of test 50 ft. At end of test 50 ft.Discharge 9 gal/min after 3 hours Water temperature _____Chemical analysis made? Yes ☐ No ☒ If yes, by whom?Was electric log made? Yes ☐ No ☒ If yes, attach copy to this reportWork started 4-19 19 86 Completed 4-21 19 86

WELL DRILLERS STATEMENT: I hereby declare under penalty of perjury that the information provided in this report is true. This water well was installed in compliance with San Diego County Code and State of California, Department of Water Resources, Bulletin No. 74.

SIGNED Bill Maffett (Well Driller)NAME E.L. Rannels - Quality Drilling (Person, firm, or corporation) (Typed or printed)Address 3741 K19 Box 5City Boulevard, CALicense No. 342329Date of this report 4-12-86

#8418

| TYPE OF WORK (Check) | | USE (Check) | | EQUIPMENT (Check) | |
|------------------------|-------------------------------------|---------------------|-------------------------------------|-------------------|-------------------------------------|
| New Well | <input checked="" type="checkbox"/> | Individual Domestic | <input checked="" type="checkbox"/> | Rotary | <input checked="" type="checkbox"/> |
| Repair or Modification | <input type="checkbox"/> | Agricultural | <input type="checkbox"/> | Cable Tool | <input type="checkbox"/> |
| Time Extension | <input type="checkbox"/> | Industrial | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Destruction | <input type="checkbox"/> | Community | <input type="checkbox"/> | | |
| Other | | | | | |

| PROPOSED WELL DEPTH | | PROPOSED CASING | | | |
|---------------------|------------------------|-------------------|------------------|--------------------|--------------|
| Max. <u>400</u> | Min. <u>200</u> (Feet) | Type <u>STEEL</u> | Depth <u>21'</u> | Diameter <u>7"</u> | Wall or Gage |

| PROPOSED SEALING ZONE(S) | | SEALING MATERIAL (Check) | | | |
|--------------------------|--|--------------------------|--------------------------|----------------|-------------------------------------|
| From _____ to _____ Feet | | Neat Cement Grout | <input type="checkbox"/> | Bentonite Clay | <input type="checkbox"/> |
| From _____ to _____ Feet | | Sand Cement Grout | <input type="checkbox"/> | Concrete | <input checked="" type="checkbox"/> |
| From _____ to _____ Feet | | Other-Specify: _____ | | | |

| PROPOSED PERFORATIONS OR SCREEN | | DATE OF WORK | |
|---------------------------------|--|--------------|---------------|
| From _____ to _____ Feet | | Start | <u>9/3/87</u> |
| From _____ to _____ Feet | | Completion | <u>9/6/87</u> |
| From _____ to _____ Feet | | | |
| From _____ to _____ Feet | | | |

| NAME OF WELL OWNER | | NAME OF WELL DRILLER | |
|--|--|----------------------|--|
| <u>1269 Broadway #242</u> <u>MUNDWILER El Cajon 92021</u> | | <u>Bud Morrison</u> | |

| LOCATION OF WELL | | COMPANY | |
|---|--|--------------------------|--|
| <u>PAR 658-080-53</u> <u>928 TIERRA DE LUNA, BOULEVARD</u> | | <u>MORRISON DRILLING</u> | |

| DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY) | | BUSINESS ADDRESS | |
|--|---------------------------------|---|--|
| <input checked="" type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | <u>P.O. Box 117, ALPINE, CA 92001</u> | |
| <input type="checkbox"/> APPROVED WITH CONDITIONS | | LICENSE NUMBER <u>297450</u> | |
| Report Reason(s) for Denial or Necessary Conditions Here: | | Cash Deposit <input type="checkbox"/> | |
| | | Bond Posted <input checked="" type="checkbox"/> | |
| | | Fee paid on _____ | |

| HEALTH OFFICER | | APPLICANT'S SIGNATURE | |
|--------------------|----------------|-----------------------|----------------|
| <u>[Signature]</u> | <u>9/11/87</u> | <u>[Signature]</u> | <u>9/11/87</u> |
| DATE | | DATE | |

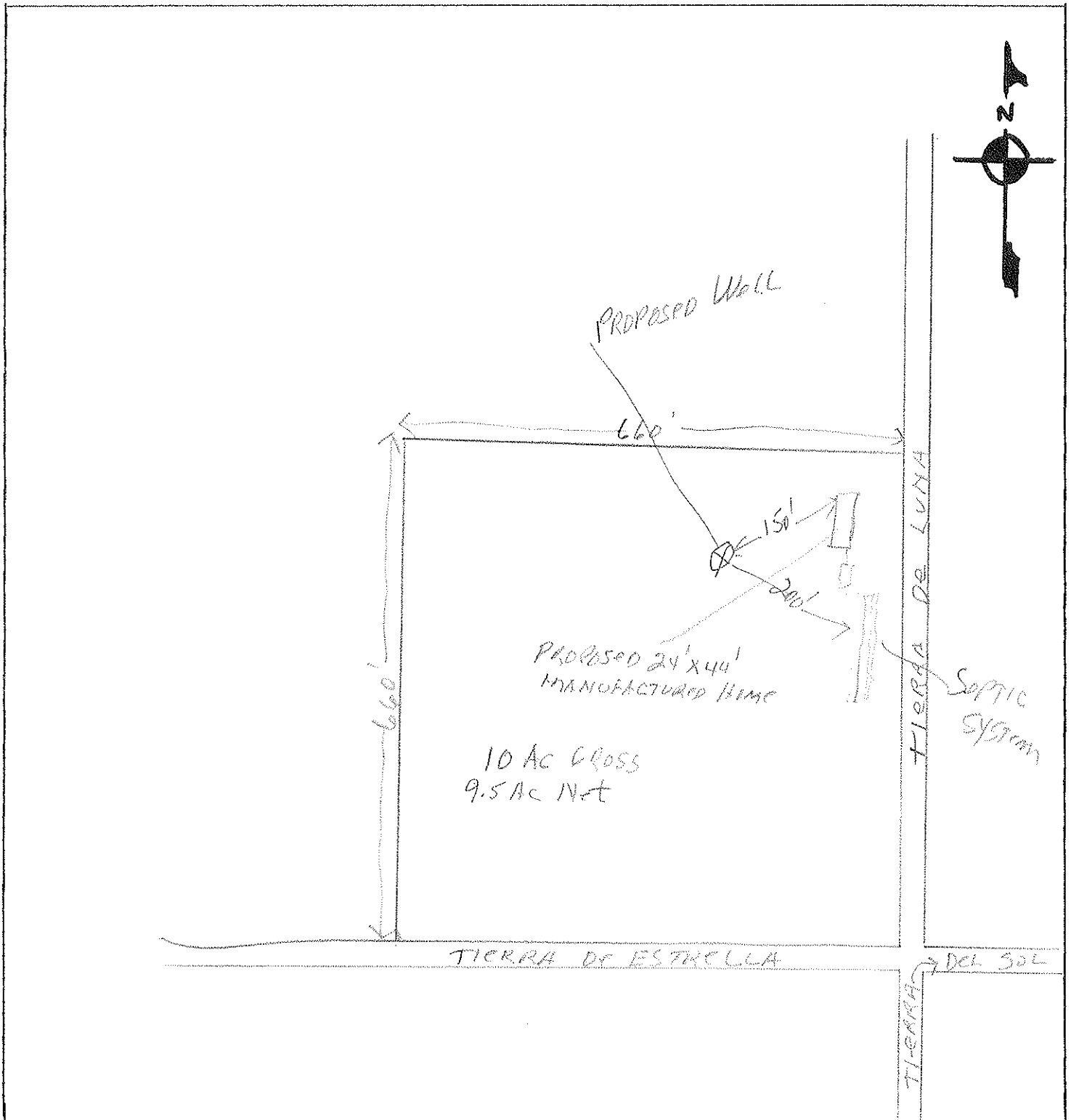
658-080-43

NWD

1WEL 8418

LOCATION

INDICATE BELOW THE VICINITY AND EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS AND OTHER POTENTIAL CONTAMINATION SOURCES, INCLUDING DIMENSIONS.



orig. WDR
sent to C
2/22/88 CPO

COUNTY OF SAN DIEGO

DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101

ASSESSORS PARCEL NUMBER:

658 080 53

W01108

Notice of Intent No. _____

Local Permit No. or Date _____

WATER WELL DRILLERS REPORT

(INSERT under ORIGINAL PAGE w/carbon of State Form)

State Well No. _____

Other Well No. _____

(1) OWNER: Name Thompson, Willy
Address 928 Mira De Luna
City Boulevard Zip _____

(2) LOCATION OF WELL (See instructions):

County San Diego Owner's Well Number _____

Well address if different from above _____

Township 18 S Range 6 E Section 14

Distance from cities, roads, railroads, fences, etc. _____

(12) WELL LOG: Total depth 375 ft. Depth of completed well 375 ft.
from ft. to ft. Formation (Describe by color, character, size or material)

0 - 30 Topsoil - Decomposed Granite

30 - 340 Brown white & Black Granite

150' Fracture w/ traces of water

340' Fracture w/ water

260' Fracture w/ water

340 - 375' Black & white Granite

DEPARTMENT USE ONLY

Completed Well Construction:

Date 9-4-87Date Inspected 9-21-87Comments A.S. TO growerWater Sample Taken? YesSanitarian's Approval: K. M. [Signature]

(3) TYPE OF WORK:

New Well ☒ Deepening ☐Reconstruction ☐Reconditioning ☐Horizontal Well ☐Destruction ☐ (Describe destruction materials and procedures in Item (2))

(4) PROPOSED USE:

Domestic ☒Irrigation ☐Industrial ☐Test Well ☐Stock ☐Municipal ☐Other ☐

(5) Equipment:

Rotary ☐ Reverse ☐Cable ☐ Air ☒Other ☐ Bucket ☐

(6) Gravel Pack:

Yes ☒ No ☐ Size 6 5/8"Diameter of above 6 5/8"Packed from 0 to 375 ft.

(7) Casing Installed:

Steel ☒ Plastic ☐ Concrete ☐

(8) Perforations:

Type of perforation or size of screen

| From ft. | To ft. | Dia. in. | Gage or Wall | From ft. | To ft. | Slot Size |
|----------|--------|----------|--------------|----------|--------|-----------|
| 0 | 33 | 6 5/8 | 188 | | | |
| | | | | | | |
| | | | | | | |

(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 33 ft.Were strata sealed against pollution? Yes ☐ No ☒ Interval _____ ft.Method of sealing Cement Grout

(10) WATER LEVELS:

Depth of first water, if known 150 ft.Standing level after well completion 30 ft.

(11) WELL TESTS:

Was well test made? Yes ☒ No ☐ If yes, by whom?Type of test Pump ☐ Bailer ☐ Air lift ☒

Depth to water at start of test _____ ft. At end of test _____ ft.

Discharge 5 1/2 gal/min after _____ hours Water temperature CoolChemical analysis made? Yes ☐ No ☒ If yes, by whom?Was electric log made? Yes ☐ No ☒ If yes, attach copy to this reportWork started Sept 2 19 87 Completed 9/4 19 87

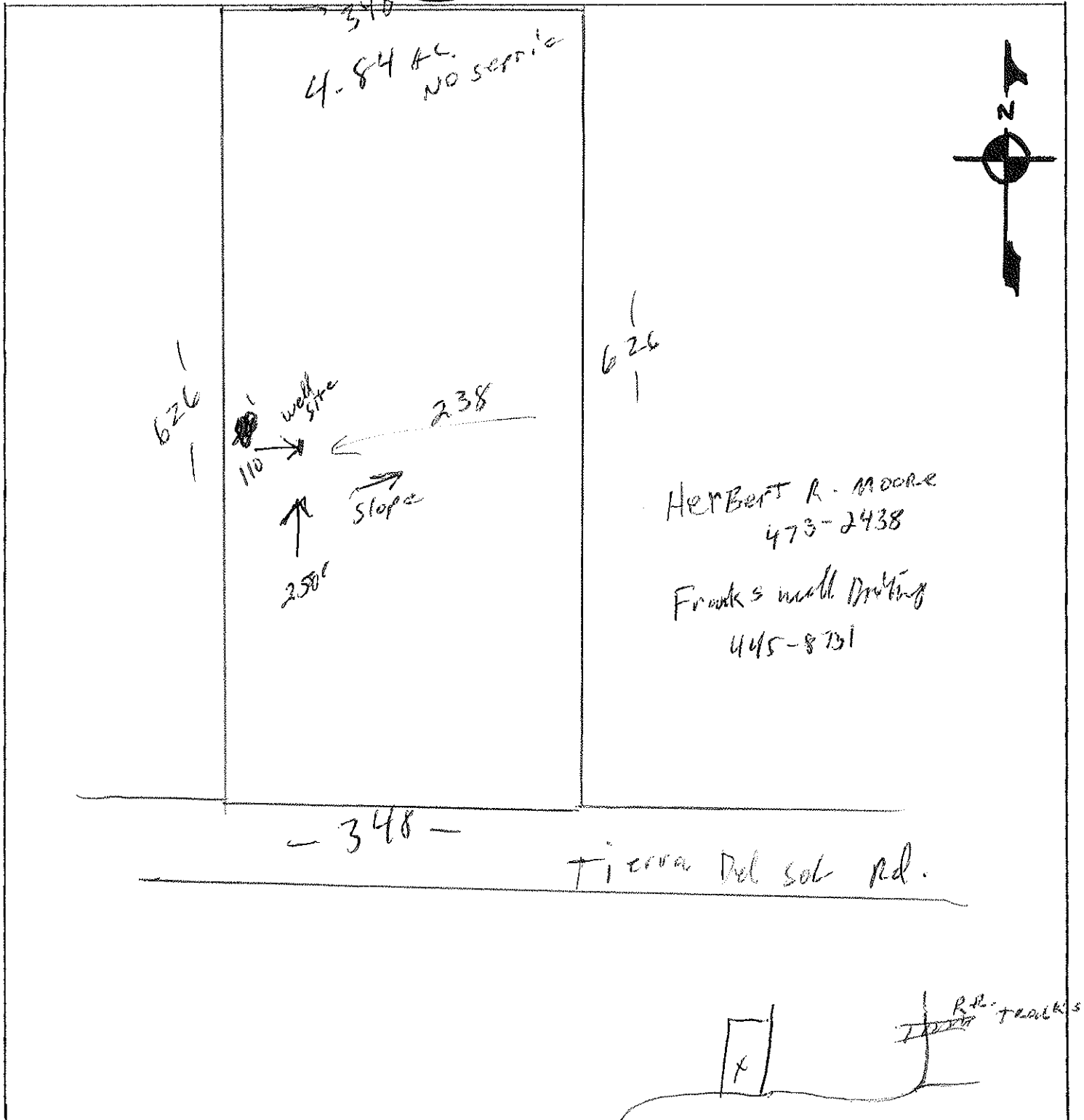
WELL DRILLERS STATEMENT: I hereby declare under penalty of perjury that the information provided in this report is true. This water well was installed in compliance with San Diego County Code and State of California, Department of Water Resources, Bulletin No. 74.

SIGNED Bud Morrison (Well Driller)NAME Morrison Drilling (Person, firm, or corporation) (Typed or printed)Address P.O. Box 117City Pharm, CALicense No. 297450Date of this report: 1-30-88

| | | |
|--|---|---|
| <p>TYPE OF WORK (Check)</p> <p>New Well <input checked="" type="checkbox"/></p> <p>Repair or Modification <input type="checkbox"/></p> <p>Time Extension <input type="checkbox"/></p> <p>Destruction <input type="checkbox"/></p> | <p>USE (Check)</p> <p>Individual Domestic <input checked="" type="checkbox"/></p> <p>Agricultural <input type="checkbox"/> Community <input type="checkbox"/></p> <p>Industrial <input type="checkbox"/> Other <input type="checkbox"/></p> | <p>EQUIPMENT (Check)</p> <p>Rotary <input checked="" type="checkbox"/></p> <p>Cable Tool <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> |
| <p>PROPOSED WELL DEPTH</p> <p>Max. <u>1000</u> Min. <u>200</u> (Feet)</p> | <p>PROPOSED CASING</p> <p>Type <u>Steel</u> Depth <u>20</u> Diameter <u>7"</u> Wall or Gage <u>156</u></p> | |
| <p>PROPOSED SEALING ZONE(S)</p> <p>From <u>0</u> to <u>20</u> Feet</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p> <p>PROPOSED PERFORATIONS OR SCREEN</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p> | <p>SEALING MATERIAL (Check)</p> <p>Neat Cement Grout <input type="checkbox"/> Bentonite Clay <input checked="" type="checkbox"/></p> <p>Sand Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/></p> <p>Other-Specify: _____</p> <p>DATE OF WORK</p> <p>Start <u>3-16-96</u></p> <p>Completion <u>4-10-96</u></p> | |
| <p>NAME OF WELL OWNER</p> <p><u>Herbert A. Moore 473-2438</u></p> <p>LOCATION OF WELL</p> <p><u>872 Tierra Del Sol Rd Boulevard.</u></p> | <p>NAME OF WELL DRILLER</p> <p><u>Paul Dieckop</u></p> <p>COMPANY</p> <p><u>Frank's Well Drilling</u></p> | |
| <p>DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY)</p> <p><input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p> <p><input type="checkbox"/> APPROVED WITH CONDITIONS</p> <p>Report Reason(s) for Denial or Necessary Conditions Here:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>BUSINESS ADDRESS</p> <p><u>PO Box 310153 Monterey Ca. 91905</u></p> <p>LICENSE NUMBER</p> <p><u>437700</u></p> <p>Cash Deposit <input type="checkbox"/></p> <p>Bond Posted <input checked="" type="checkbox"/></p> <p><u>235</u> Fee paid on <u>3/14/96</u> <u>550</u></p> | |
| <p>NO WATER DISTRICT</p> <p><u>Joyo Nishii</u> HEALTH OFFICER <u>3-14-96</u> DATE</p> | | |
| <p><u>Fred [Signature]</u> APPLICANT'S SIGNATURE <u>3-14-96</u> DATE</p> | | |

LOCATION

INDICATE BELOW THE VICINITY AND EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS AND OTHER POTENTIAL CONTAMINATION SOURCES, INCLUDING DIMENSIONS.





County of San Diego

GARY R. STEPHANY
DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
P.O. BOX 85261, SAN DIEGO, CA 92186-5261
(619) 338-2222 FAX (619) 338-2377

DANIEL J. AVERA
ASSISTANT DIRECTOR

LAND USE DIVISION
338 VIA VERA CRUZ, #201
SAN MARCOS, CA 92069-2620
(619) 471-0730
(619) 940-2925 FAX

OWNER: Herbert R. Moore
32337 Old Hwy 80
Pine Valley Ca. 91968

Site Address: Herbert Moore
872 Tierra Del Sol Rd.
Boulevard Ca. 91905

Dear Property Owner:

WELL PERMIT NUMBER W05303, APN _____, WELL DRILLER: Franks well Drilling

This letter is to inform you that a:

☒ Domestic well _____ ☐ Agricultural well _____ ☐ Other _____
☐ Community well _____ ☐ Industrial well _____

has been approved to be installed on your property. The following marked conditions of approval apply:

- ☒ Prior to use of this well as a drinking water source, bacteriological and nitrate analysis should be done to ensure compliance with State standards. No septic tank permit will be issued unless the sampling and analysis is completed and approved by this Department and an approved well log is received from the well driller.
- ☐ This well was not proposed to be used as a drinking water supply. Conversion to a domestic well will require bacteriological and nitrate analysis to ensure compliance with State standards.
- ☐ Prior to use of this well in a public water supply, approval from the appropriate regulatory agency must be obtained. Contact this Department's small water system specialist at 565-5173 for assistance.
- ☐ This well is not approved for potable use and shall not be interconnected with the existing potable water system. In addition, an approved backflow prevention device must be installed at the well head to protect the well from potential contamination.
- ☐ This well site is located in an area where groundwater is known to have high nitrate levels. The completed well can be used for irrigation purposes only until it has been tested and approved as safe by this Department. Unless it can be demonstrated that potable water standards can be met, septic tank and/or building permits cannot be issued.
- ☐ If a public water supply is currently serving this property, you must contact your local water agency for water meter protection requirements.

In addition, included in the well permit fee is the provision for one water sample to be collected by this Department. Bacteriological analysis and a nitrate screening test will be performed. The sample will be taken for up to one year from the date of the approval of the well permit.

If you have any questions, please contact one of the following field offices: El Cajon at 441-6666, Ruffin Road at 565-5173, or San Marcos at 471-0730.

Water District: NO WATER DISTRICT

"Prevention Comes First"

DWR USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

GEOLOGIC LOG

WELL OWNER

ORIENTATION (X) VERTICAL HORIZONTAL ANGLE (SPECIFY)

DEPTH TO FIRST WATER 140 (Ft.) BELOW SURFACE

DEPTH FROM SURFACE
Ft. to Ft.

DESCRIPTION

Describe material, grain size, color, etc.

0 5

TOP SOIL

5 500

White Grains
Tight with little
fracturing

2 Gpm @ 140

30 PPM @ 460

Completed Well Construction

Date 5-30-96

Date Inspected 6-9-99

Comments pump was added
good cap. Cement
Foundation, no shed.

Water Sample Taken? 7

Reviewed By Jap hick

Name Herbert Moore

Mailing Address 32337 Old Hwy. 80

Pine Valley, ca 91962

CITY

STATE

ZIP

WELL LOCATION

Address 872 Tierra Del Sol RD.

City Boulevard

County San Diego

APN Book 658

Page 09

Parcel 19

Township 18S

Range 6E

Section 12

Latitude

DEG. MIN. SEC. NORTH

Longitude

DEG. MIN. SEC. WEST

LOCATION SKETCH

NORTH

ACTIVITY (X)

X NEW WELL

MODIFICATION/REPAIR

Deepen

Other (Specify)

DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

PLANNED USE(S)

(X) MONITORING

WATER SUPPLY

X Domestic

Public

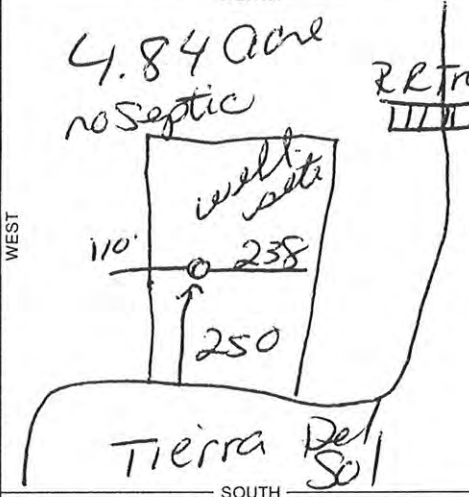
Irrigation

Industrial

"TEST WELL"

CATHODIC PROTECTION

OTHER (Specify)



Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc. PLEASE BE ACCURATE & COMPLETE.

DRILLING METHOD Air Rotary

FLUID Water

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH OF STATIC WATER LEVEL NA

(Ft.) & DATE MEASURED 3-30-96

ESTIMATED YIELD 5

(GPM) & TEST TYPE Air Rotary

TEST LENGTH 2

(Hrs.) TOTAL DRAWDOWN LINK

(Ft.)

* May not be representative of a well's long-term yield.

| DEPTH FROM SURFACE Ft. to Ft. | BORE-HOLE DIA. (Inches) | CASING(S) | | | | | DEPTH FROM SURFACE Ft. to Ft. | ANNULAR MATERIAL | | | |
|----------------------------------|----------------------------|-----------|------------------|----------------------------|-------------------------|---------------------------|----------------------------------|--------------------|-----------------------|-------------|----------------------------|
| | | TYPE (X) | MATERIAL / GRADE | INTERNAL DIAMETER (Inches) | GAUGE OR WALL THICKNESS | SLOT SIZE IF ANY (Inches) | | TYPE | | | |
| 0 20 | 11 | ASTM 53B | 6 5/8 | .156 | 0 | 0 | 0 20 | CE- MENT (X) | BEN- TONITE (X) | FILL (X) | FILTER PACK (TYPE/SIZE) |
| 0 500 | 6 1/2 | | | | | | | | | | |
| 0 500 | | SDR 21 | 4" | 200 PSI | .040 | | 0 300 | | | | 4" well Rock |

ATTACHMENTS (X)

- Geologic Log
- Well Construction Diagram
- Geophysical Log(s)
- Soil/Water Chemical Analyses
- Other

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME Franks Well Drilling

(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

P.O. Box 310153

Guatay, Ca 91931

ADDRESS

CITY

STATE

ZIP

Signed

Franks Well Drilling

1-29-97

DATE SIGNED

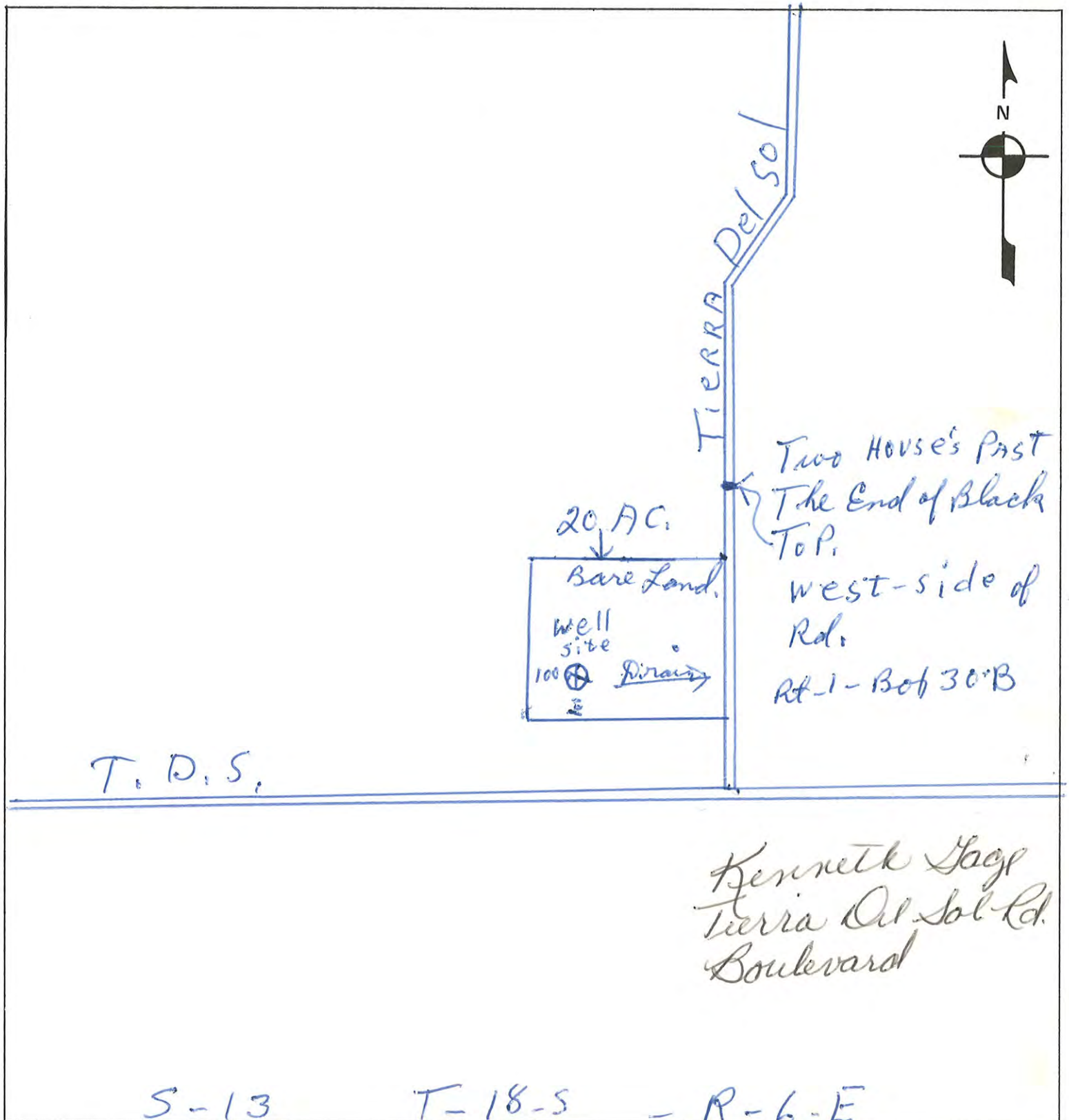
C-57 LICENSE NUMBER

Permit No. W00248

Assessor's Parcel No. 658-090-36

LOCATION

INDICATE BELOW THE EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS. INCLUDE DIMENSIONS.



FIRST CARBON COPY

send to County Health Dept. Room 104

W00248
Yagi
COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101

ASSESSORS PARCEL NUMBER:

658-090-36

 Notice of Intent No. 12/2/83
 Local Permit No. or Date

WATER WELL DRILLERS REPORT

(INSERT under ORIGINAL PAGE w/carbon of State Form)

State Well No. _____

Other Well No. _____

 (1) OWNER: Name Kenneth - GAGE
 Address Rt-1, Box 30-B Tierra Del Sol Rd.
Bend, Ca. Zip 92005

 (12) WELL LOG: Total depth 180 ft. Depth of completed well 150 ft.
 from ft. to ft. Formation (Describe by color, character, size or material)

(2) LOCATION OF WELL (See instructions):

County San Diego Owner's Well Number #1Well address if different from above sameTownship 18-S Range 6-E Section 13Distance from cities, roads, railroads, fences, etc. 200' northof T.D.S. Rd. Bend.

0' 18' Topsoil + soft, D. & S.
 18' 40' med Hard D. & S.
 40' 60' soft Clay white + Brown
 60' 180' med Hard white Granite

FOR HEALTH DEPARTMENT USE ONLY

Completed Well Construction:

Date 12-4-83Date Inspected 2-1-84Comments Well Seal OKWater Sample Taken? YesSanitarian's Approval: Yes R Kue

(3) TYPE OF WORK:

New Well ☒ Deepening ☐Reconstruction ☐Reconditioning ☐Horizontal Well ☐Destruction ☐ (Describe destruction materials and procedures in Item (2))

(4) PROPOSED USE:

Domestic ☒Irrigation ☐Industrial ☐Test Well ☐Stock ☐Municipal ☐Other ☐

(5) Equipment:

Rotary ☐ Reverse ☐Cable ☐ Air ☒Other ☐ Bucket ☐

(6) Gravel Pack:

Yes ☒ No ☐ Size 5/16"Diameter of above 6"Packed from 0 to 150 ft.

(7) Casing Installed:

Steel ☒ Plastic ☐ Concrete ☐

(8) Perforations:

Type of perforation or size of screen

| From ft. | To ft. | Dia. in. | Gage or Wall | From ft. | To ft. | Slot Size |
|----------|--------|----------|--------------|----------|--------|-----------|
| 0 | 21' 7" | 4" | 154 | 30' | 150' | 1/8x6" |
| 0 | 150' | 4" | 4" | | | |

(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 20 ft.Were strata sealed against pollution? Yes ☐ No ☐ Interval interval ft.Method of sealing Heat Cement

(10) WATER LEVELS:

Depth of first water, if known 40' ft.Standing level after well completion 15' ft.

(11) WELL TESTS:

Was well test made? Yes ☐ No ☐ If yes, by whom?Type of test 20 Pump ☐ 2 Bailer ☐ Air lift ☐Depth to water at start of test 20 ft. At end of test 15' ft.Discharge 1314 gal/min after 4 hours Water temperature 68Chemical analysis made? Yes ☐ No ☐ If yes, by whom?Was electric log made? Yes ☐ No ☐ If yes, attach copy to this report

WELL DRILLER'S STATEMENT: 12/3/83 I hereby declare under penalty of perjury that the information provided in this report is true. This water well was installed in compliance with San Diego County Code and State of California, Department of Water Resources, Bulletin No. 74.

SIGNED

NAME

Fisher + Son's Well-Drilling Co.

(Person, firm or corporation) (Typed or printed)

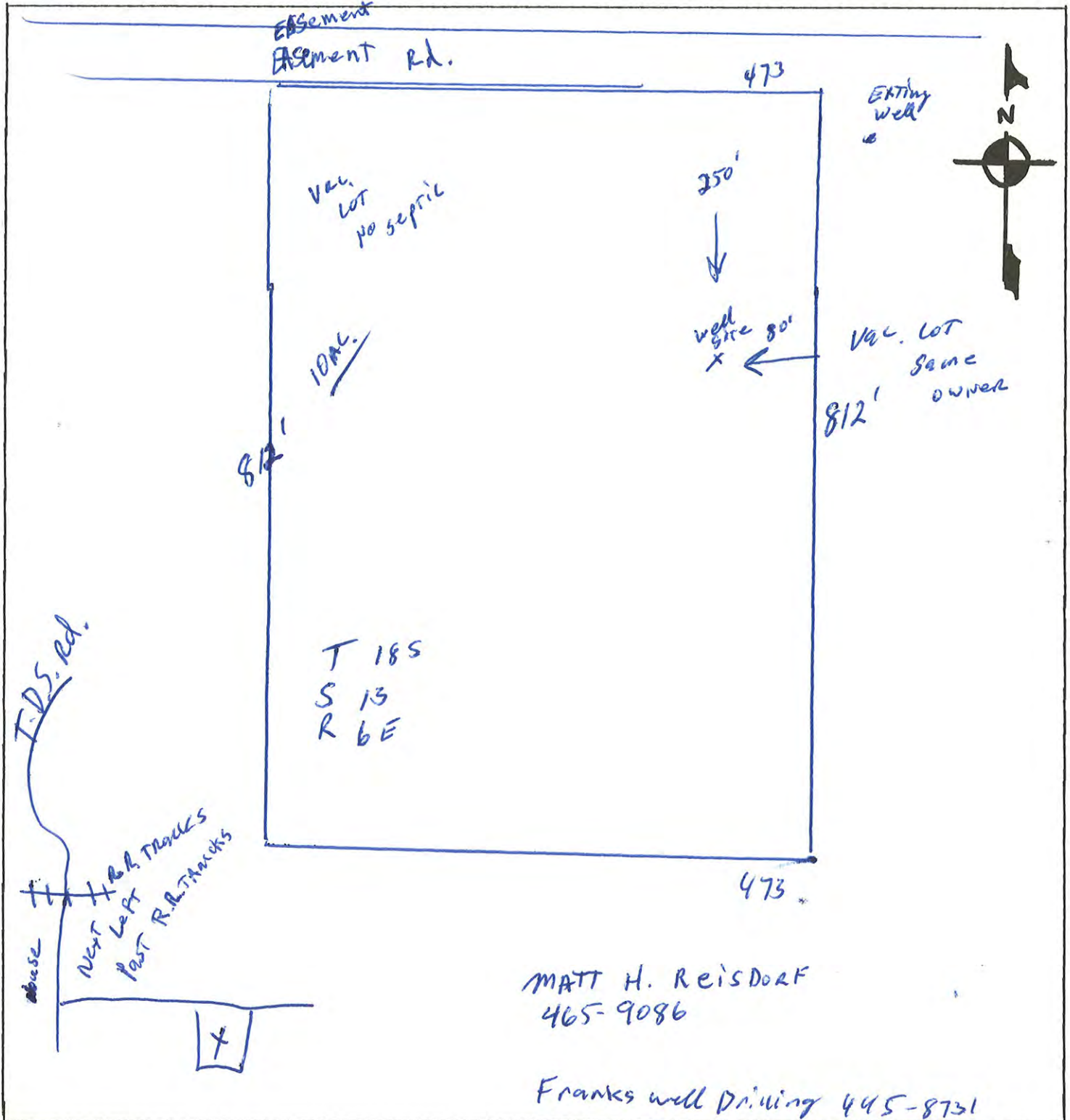
Address Rt-1, Box 30-BCity Bend, Ca. Zip 92006License No. 1314485 Date of this report 12/2/83

Control # WVS218

Page 1 of 2

LOCATION

INDICATE BELOW THE VICINITY AND EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS AND OTHER POTENTIAL CONTAMINATION SOURCES, INCLUDING DIMENSIONS.



DUPLICATE
Driller's Copy

Page 1 of 1

Owner's Well No. _____

Date Work Began 2/1/96

Local Permit Agency ENVIRO

Permit No. W05278

STATE OF CALIFORNIA
WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. **557969**

Ended 2/3/96

Permit Date _____

DWR USE ONLY - DO NOT FILL IN -

STATE WELL NO./STATION NO. _____

LATITUDE _____ LONGITUDE _____

APN/TRS/OTHER _____

GEOLOGIC LOG

ORIENTATION (✓) VERTICAL _____ HORIZONTAL _____ ANGLE _____ (SPECIFY)

DEPTH TO FIRST WATER _____ (Ft.) BELOW SURFACE

| DEPTH FROM SURFACE | DESCRIPTION |
|--------------------|--|
| Ft. to Ft. | Describe material, grain size, color, etc. |
| 0 to 36 | SAND TOP SOIL GRAVEL |
| 36 to 120 | WHITE GRANITE HIGHLY FRACTURED WITH GRAVEL |
| 120 to 300 | WHITE GRANITE and QUARTZ HIGHLY FRACTURED WITH GRAVEL and SILICA |

TOTAL DEPTH OF BORING 300 (Feet)

TOTAL DEPTH OF COMPLETED WELL 300 (Feet)

WELL OWNER

Name MATT REISDORF

Mailing Address 3229 So Bonita St
Spring Valley CA 91971

CITY _____ STATE _____ ZIP _____

WELL LOCATION

Address Tierra del Sol

City Bonita

County SD

APN Book 658 Page 090 Parcel 31

Township 18S Range 6E Section 13

Latitude _____ Longitude _____

LOCATION SKETCH

WEST _____ EAST _____ NORTH _____ SOUTH _____

Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc. PLEASE BE ACCURATE & COMPLETE.

ACTIVITY (✓)

☒ NEW WELL

☐ MODIFICATION/REPAIR

_____ Deepen

_____ Other (Specify) _____

☐ DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

PLANNED USE(S)

(✓) ☒ MONITORING

WATER SUPPLY

_____ Domestic

_____ Public

_____ Irrigation

_____ Industrial

_____ "TEST WELL"

_____ CATHODIC PROTECTION

_____ OTHER (Specify) _____

DRILLING METHOD AIR ROTARY FLUID FOAM

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH OF STATIC WATER LEVEL 12' (Ft.) & DATE MEASURED 2/3/96

ESTIMATED YIELD 15 (GPM) & TEST TYPE AIR

TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN NA (Ft.)

* May not be representative of a well's long-term yield.

| DEPTH FROM SURFACE | | BORE-HOLE DIA. (Inches) | CASING(S) | | | | | | DEPTH FROM SURFACE | | ANNULAR MATERIAL | | | | | |
|--------------------|--------|-------------------------|-----------|--------|-------------|-----------|------------------|----------------------------|--------------------|--|-------------------------|---------------------------|------|--|-----|-------------|
| | | | TYPE (✓) | | | | MATERIAL / GRADE | INTERNAL DIAMETER (Inches) | | | GAUGE OR WALL THICKNESS | SLOT SIZE IF ANY (Inches) | TYPE | | | |
| Ft. | to Ft. | | BLANK | SCREEN | CON. DUCTOR | FILL PIPE | | | | | | | | | Ft. | to Ft. |
| 0 | 40 | 11 | | | | | 5/12" / | 6 5/8 | 188 | | 0 | 40 | | | | |
| 0 | 300 | 6 1/2 | | | | | DVC | 9 1/2 | SDR21 | | 0 | 300 | | | | 3/16 gravel |
| | | | | | | | | | | | | | | | | |
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ATTACHMENTS (✓)

_____ Geologic Log

_____ Well Construction Diagram

_____ Geophysical Log(s)

_____ Soil/Water Chemical Analyses

_____ Other _____

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME FRANK'S Well Drilling

(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS PO Box 310153 CITY Guatay STATE CA ZIP 91931

Signed [Signature] DATE SIGNED 2/29/96

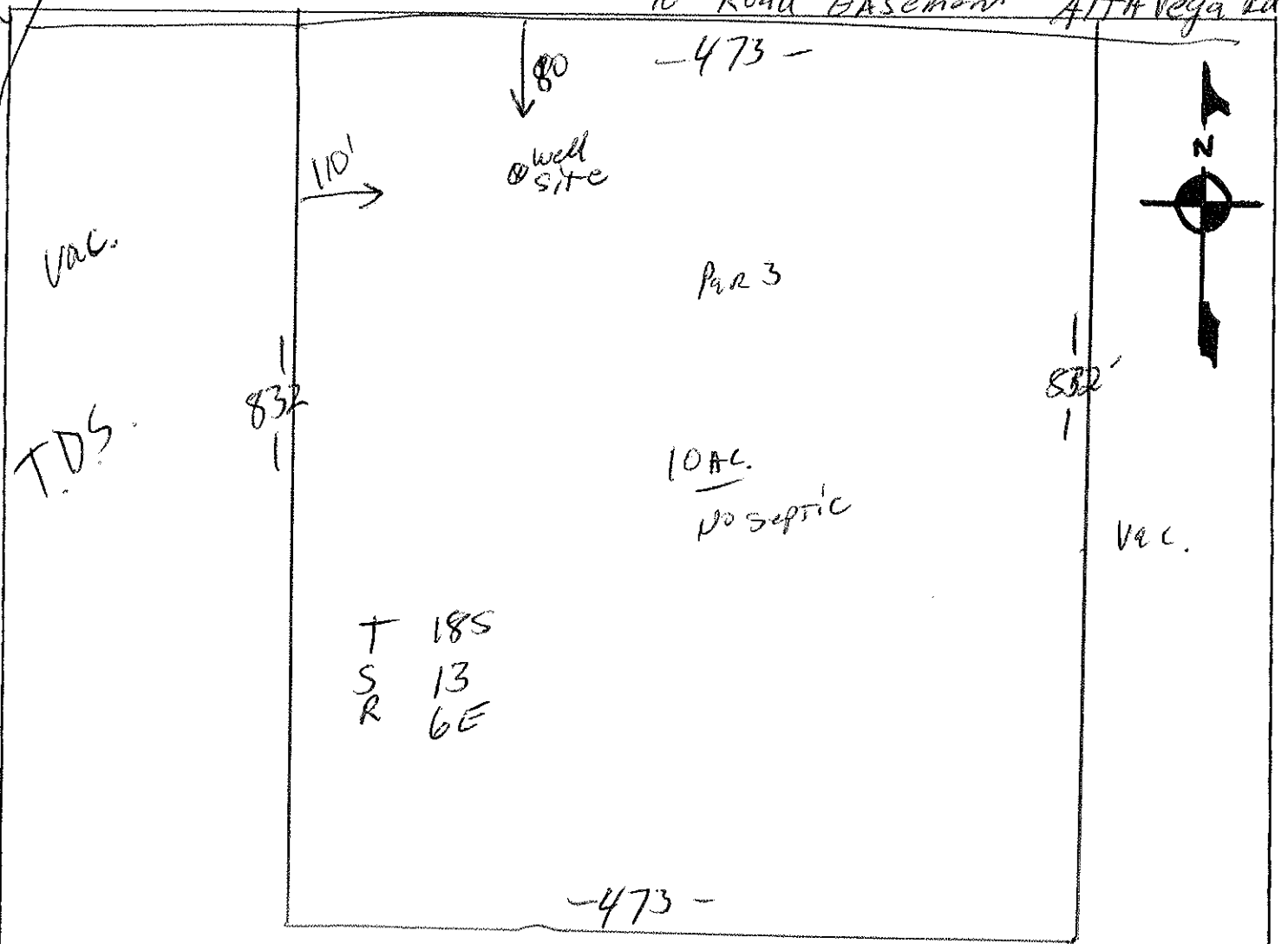
WELL DRILLER/AUTHORIZED REPRESENTATIVE

D57 LIC#NF# NUMBER _____

RR10R ARN: 658-090-41

Val. LOCATION

INDICATE BELOW THE VICINITY AND EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS AND OTHER POTENTIAL CONTAMINATION SOURCES, INCLUDING DIMENSIONS. *40' Road Basecoat Alta Vega Rd*



MATT H. REISDORF
465-9086

Val. Driller
FRANKS well Drilling
445-8731

ORIGINAL
File with DWR

Page 1 of 1

Owner's Well No. _____

Date Work Began 12/6/95, Ended 12/13/95

Local Permit Agency _____

Permit No. WO 5236

Permit Date _____

WELL COMPLETION REPORT

Refer to Instruction Pamphlet

No. 557970

DWR USE ONLY - DO NOT FILL IN -

| | |
|----------------------------|-----------|
| STATE WELL NO./STATION NO. | |
| LATITUDE | LONGITUDE |
| APN/TRS/OTHER | |

GEOLOGIC LOG

ORIENTATION (✓) ☒ VERTICAL ☐ HORIZONTAL ☐ ANGLE _____ (SPECIFY)

DEPTH TO FIRST WATER 120' (Ft.) BELOW SURFACE

DESCRIPTION

Describe material, grain size, color, etc.

DEPTH FROM SURFACE
Ft. to Ft.

0-10' DG 8" pipe

10-20' COARSE WHITE GRANITE

20-120' WHITE GRANITE

WITH MANY FRACTURES

CRACKS AT

120' TOP

280' TOP

340' TOP

Completed Well Construction

Date 12-13-95

Date Inspected 6-11-96

Comments: Housed with
Cement foundation

Water Sample Taken? no

Reviewed By J. J. [Signature]

TOTAL DEPTH OF BORING 320' (Feet)

TOTAL DEPTH OF COMPLETED WELL 120' (Feet)

WELL OWNER Name MATT REISCHORF

Mailing Address 2234 So. Bonita St.

CITY Spring Valley CA 91914

WELL LOCATION

Address _____

City Bonita

County SD

APN Book 458 Page 590 Parcel 52

Township 18S Range 6E Section 13

Latitude _____ Longitude _____

LOCATION SKETCH

NORTH

Activity (✓) ☒ NEW WELL

MODIFICATION/REPAIR

___ Deepen

___ Other (Specify) _____

___ DESTROY (Describe Procedures and Material Under "GEOLOGIC LOG")

PLANNED USE(S)

(✓) ☒ MONITORING

WATER SUPPLY

☒ Domestic

___ Public

___ Irrigation

___ Industrial

___ "TEST WELL"

___ CATHODIC PROTECTION

___ OTHER (Specify) _____

Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc. PLEASE BE ACCURATE & COMPLETE.

DRILLING METHOD AIR ROTARY FLUID FOAM

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH OF STATIC WATER LEVEL NA (Ft.) & DATE MEASURED 12/13/95

ESTIMATED YIELD 3 (GPM) & TEST TYPE AIR

TEST LENGTH 1 (Hrs.) TOTAL DRAWDOWN NA (Ft.)

* May not be representative of a well's long-term yield.

May not be representative of a well's long-term yield.

| DEPTH FROM SURFACE | | | BORE-HOLE DIA. (Inches) | CASING(S) | | | | | | DEPTH FROM SURFACE | | | ANNULAR MATERIAL | | | | | |
|--------------------|----|-----|-------------------------|-----------|----------------|-----------|--|------------------|----------------------------|--------------------|---|---|-------------------------|---------------------------|------|-----|----|-----|
| | | | | TYPE (✓) | | | | MATERIAL / GRADE | INTERNAL DIAMETER (Inches) | | | | GAUGE OR WALL THICKNESS | SLOT SIZE IF ANY (Inches) | TYPE | | | |
| Ft. | to | Ft. | BLANK | SCREEN | CON- DUCTOR | FILL PIPE | | | | | | | | | | Ft. | to | Ft. |
| 0 | 20 | | | | | | | STEEL | 5 1/2 | 188 | 0 | 0 | 20 | | | ✓ | | |
| 20 | 60 | | | | | | | | | | | | | | | | | |
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ATTACHMENTS (✓)

- ___ Geologic Log
- ___ Well Construction Diagram
- ___ Geophysical Log(s)
- ___ Soil/Water Chemical Analyses
- ___ Other _____

ATTACH ADDITIONAL INFORMATION IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME FRANKS WELL DRILLING

(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS P.O. Box 312153, Coronado CA 91931

Signed J. J. [Signature] CITY DATE SIGNED 1/31/96 C 437700

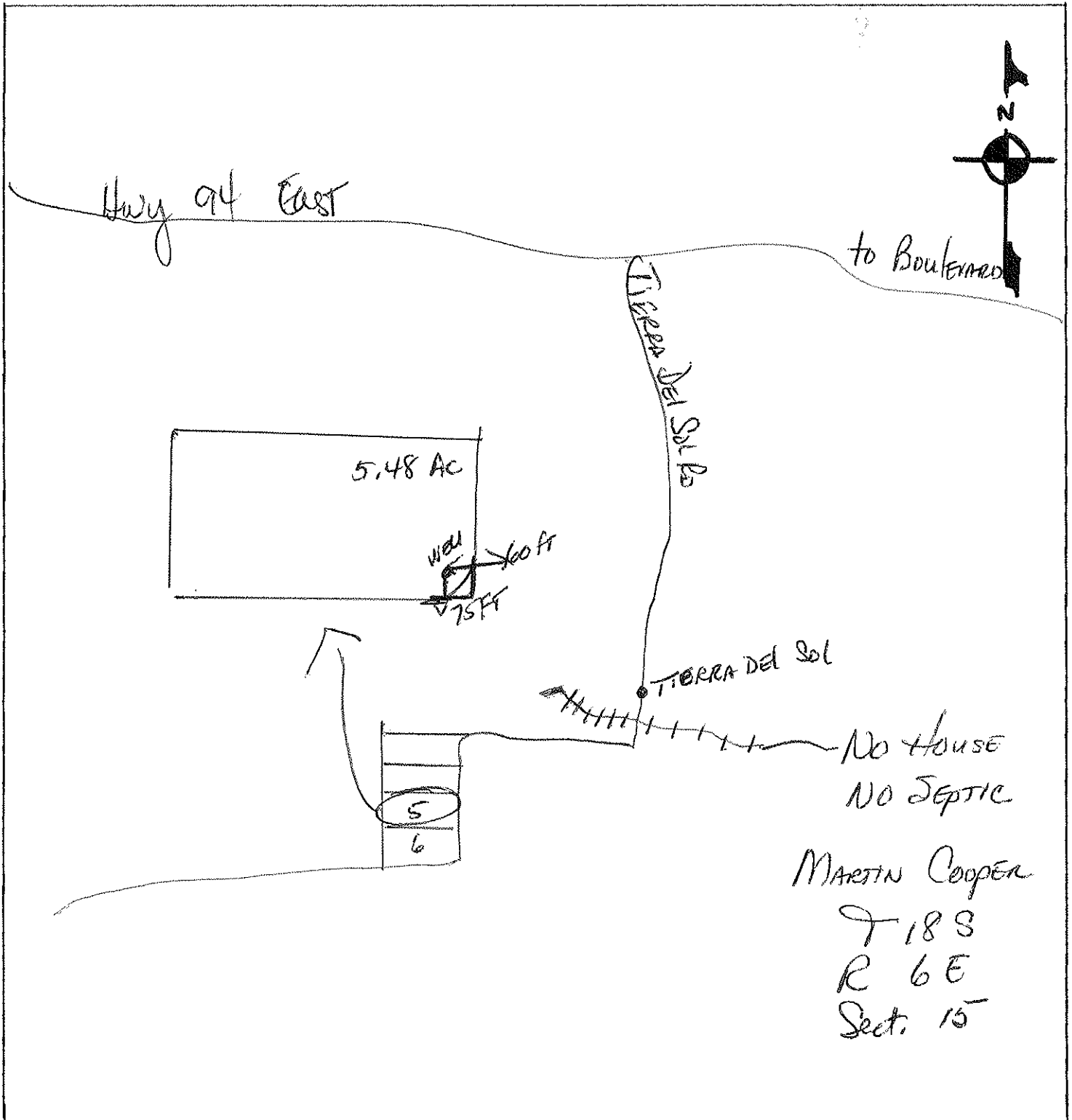
WELL DRILLER/AUTHORIZED REPRESENTATIVE

C57 LICENSE NUMBER

| | | |
|---|---|---|
| TYPE OF WORK (Check) New Well <input checked="" type="checkbox"/> Repair or Modification <input type="checkbox"/> Time Extension <input type="checkbox"/> Destruction <input type="checkbox"/> | USE (Check) Individual Domestic <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Community <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____ | EQUIPMENT (Check) Rotary <input checked="" type="checkbox"/> Cable Tool <input type="checkbox"/> Other <input type="checkbox"/> |
| PROPOSED WELL DEPTH Max. <u>400</u> Min. <u>200</u> (Feet) | PROPOSED CASING Type <u>Steel</u> Depth <u>20+</u> Diameter <u>7"</u> Wall or Gage <u>1/16</u> | |
| PROPOSED SEALING ZONE(S) From <u>0</u> to <u>20+</u> Feet From _____ to _____ Feet From _____ to _____ Feet | SEALING MATERIAL (Check) Neat Cement Grout <input checked="" type="checkbox"/> Bentonite Clay <input type="checkbox"/> Sand Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Other-Specify: _____ | |
| PROPOSED PERFORATIONS OR SCREEN From <u>0</u> to <u>400</u> Feet From _____ to _____ Feet From _____ to _____ Feet From _____ to _____ Feet | DATE OF WORK Start <u>11-20-89</u> Completion <u>11-22-89</u> | |
| NAME OF WELL OWNER <u>MARTIN COOPER</u> | NAME OF WELL DRILLER <u>DAVID ROBLEY</u> | |
| LOCATION OF WELL <u>658 TIERRA DEL SOL RD.</u> | COMPANY <u>McCURTIE DRILLING</u> | |
| DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY) <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input checked="" type="checkbox"/> APPROVED WITH CONDITIONS | BUSINESS ADDRESS <u>1390 JEWELL PL - CAMPO 92008</u> | |
| Report Reason(s) for Denial or Necessary Conditions Here: <u>Well to be installed in accordance</u> <u>with State + Local Code</u> | LICENSE NUMBER <u>312853</u> | Cash Deposit <input checked="" type="checkbox"/> Bond Posted <input type="checkbox"/> |
| | Fee paid on _____ | |
| | I hereby agree to comply with all regulations of the Department of Health Services and with all ordinances and laws of the County of San Diego and of the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work I will furnish the Department of Health Services with a complete and accurate log of the well. | |
| <u>Yvonne Aubrey</u> HEALTH OFFICER <u>11-30-89</u> DATE | <u>James McCurtie</u> APPLICANT'S SIGNATURE <u>11-20-89</u> DATE | |

LOCATION

INDICATE BELOW THE VICINITY AND EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS AND OTHER POTENTIAL CONTAMINATION SOURCES, INCLUDING DIMENSIONS.



FIRST CARBON COPY

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101-2417

ASSESSORS PARCEL NUMBER:

658 081 05

Office of Intent No. 243863
Local Permit No. or Date W02283

WATER WELL DRILLERS REPORT
(INSERT under ORIGINAL PAGE w/carbon of State Form)

State Well No. _____
Other Well No. _____

1) OWNER: Name Martin S. Cooper
Address P.O. Box 1265
City Boulevard Zip 92005

2) LOCATION OF WELL (See instructions):
County San Diego Owner's Well Number _____
Well address if different from above Tierra Del Sol Rd.
Township 18S Range 6E Section 15
Distance from cities, roads, railroads, fences, etc.
South of Hwy 94 on Tierra Del Sol Rd.
just past the town of Tierra Del Sol
and south of the rr tracks

DEPARTMENT USE ONLY

Completed Well Construction:
Date 11-20-89
Date Inspected 5/30/91
Comments Good Seal

Water Sample Taken? No

Sanitarian's Approval:

Jorge Mishkin

(3) TYPE OF WORK:

New Well ☒ Deepening ☐
Reconstruction ☐
Reconditioning ☐
Horizontal Well ☐
Destruction ☐ (Describe
destruction materials and
procedures in item (12))

(4) PROPOSED USE:

Domestic ☒
Irrigation ☐
Industrial ☐
Test Well ☐
Stock ☐
Municipal ☐
Other ☐

(12) WELL LOG: Total depth 260 ft. Depth of completed well 260 ft.
from ft. 0 to 260 ft. Formation (Describe by color, character, size or material)
0 - 18 Top Soil-Sandy
18 - 40 Med Hard Granite
40 - 80 Med Hard Granite
80 - 120 White Granite w/fractures
120 - 160 White Granite
160 - 240 White Granite w/Fractures
240 - 260 Blk & White Granite Hard

Water Strata

0 - 80 0
80 - 90 4 Gal P/M
90 - 160 0
160 - 180 4 Gal P/M
180 - 240 8 Gal P/M
16 Gal P/M TOTAL

(5) Equipment:

Rotary ☒ X Reverse ☐
Cable ☐ Air ☐
Other ☐ Bucket ☐

(8) Gravel Pack:

Yes ☒ No ☐ Size 4"
Diameter of above 6 1/2
Packed from 0 to 260 ft.

(7) Casing Installed:

Steel ☒ X Plastic ☐ Concrete ☐

(8) Perforations:

Type of perforation or size of screen

| From ft. | To ft. | Dia. in. | Gage or Well | From ft. | To ft. | Slot Size |
|-------------|-----------|-------------|-----------------|-------------|------------|--------------|
| <u>0</u> | <u>20</u> | <u>7</u> | <u>1.88</u> | <u>0</u> | <u>260</u> | <u>3/16</u> |
| | | | | | | |
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(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 20 ft.
Were strata sealed against pollution? Yes ☒ No ☐ Interval _____ ft.
Method of sealing Cement

(10) WATER LEVELS:

Depth of first water, if known 80' ft.
Standing level after well completion 25' ft.

(11) WELL TESTS:

Was well test needed? Yes ☒ No ☐ If yes, by whom? self
Type of test Pump ☐ Bailer ☐ Air lift ☒
Depth to water at start of test 25 ft. At end of test 25 ft.
Discharge 16 gal/min after 4 hours Water temperature _____
Chemical analysis made? Yes ☐ No ☒ If yes, by whom?
Was electric log made? Yes ☐ No ☒ If yes, attach copy to this report

Work Started 11-20-1989 Completed 11-22-1989

WELL DRILLERS STATEMENT: I hereby declare under penalty of perjury that the information provided in this report is true. This water well was installed in compliance with San Diego County Code and State of California, Department of Water Resources, Bulletin No. 74.

SIGNED

David L. McGuffie
(Well Driller)

NAME McGuffie Well Drilling
(Person, firm, or Corporation) (Type or Print)

ADDRESS 1390 Dewey Place

CITY Campo ZIP 92006

LICENSE NO. 312853 DATE THIS REPORT 11/28/89

WC#3131

APN 658 081 06

Control # W02282

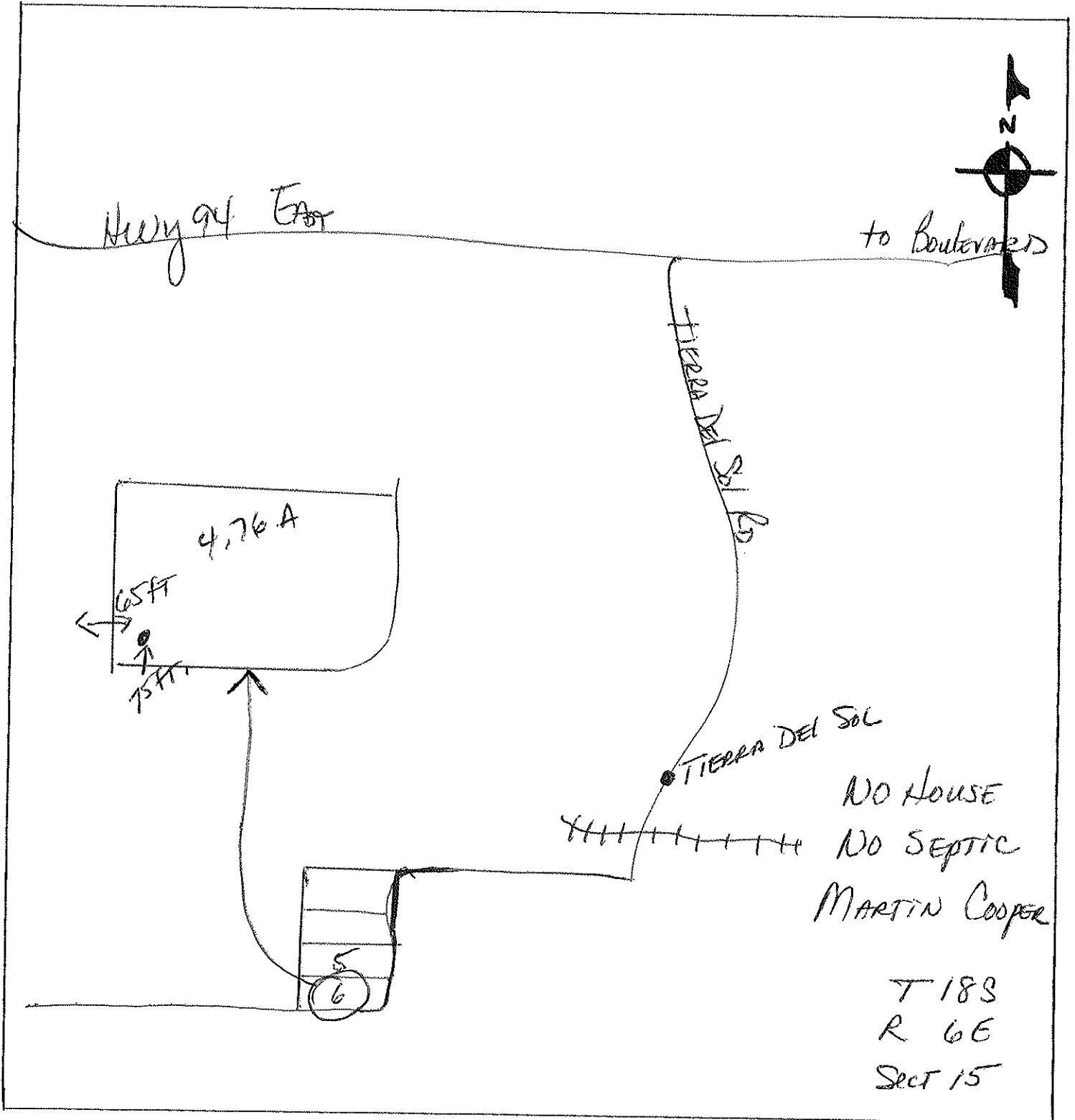
| | | |
|--|---|---|
| <p>TYPE OF WORK (Check)</p> <p>New Well <input checked="" type="checkbox"/></p> <p>Repair or Modification <input type="checkbox"/></p> <p>Time Extension <input type="checkbox"/></p> <p>Destruction <input type="checkbox"/></p> | <p>USE (Check)</p> <p>Individual Domestic <input checked="" type="checkbox"/></p> <p>Agricultural <input type="checkbox"/> Community <input type="checkbox"/></p> <p>Industrial <input type="checkbox"/> Other <input type="checkbox"/></p> | <p>EQUIPMENT (Check)</p> <p>Rotary <input checked="" type="checkbox"/></p> <p>Cable Tool <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> |
| <p>PROPOSED WELL DEPTH</p> <p>Max. <u>300+</u> Min. <u>200</u> (Feet)</p> | <p>PROPOSED CASING</p> <p>Type <u>Steel</u> Depth <u>20+</u> Diameter <u>7"</u> Wall or Gage <u>186</u></p> | |
| <p>PROPOSED SEALING ZONE(S)</p> <p>From <u>0</u> to <u>20+</u> Feet</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p> <p>PROPOSED PERFORATIONS OR SCREEN</p> <p>From <u>0</u> to _____ Feet</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p> <p>From _____ to _____ Feet</p> | <p>SEALING MATERIAL (Check)</p> <p>Neat Cement Grout <input checked="" type="checkbox"/> Bentonite Clay <input type="checkbox"/></p> <p>Sand Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/></p> <p>Other-Specify: _____</p> <p>DATE OF WORK</p> <p>Start <u>11-24-89</u></p> <p>Completion <u>11-26-89</u></p> | |
| <p>NAME OF WELL OWNER</p> <p><u>MARTIN S. COOPER</u></p> | <p>NAME OF WELL DRILLER</p> <p><u>DAVID ROBLEY</u></p> | |
| <p>LOCATION OF WELL</p> <p><u>TIERRA DEL SOL RD. Boulevard</u></p> | <p>COMPANY</p> <p><u>McGURRUE Drilling</u></p> | |
| <p>DISPOSITION OF APPLICATION (FOR HEALTH OFFICERS USE ONLY)</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p> <p><input checked="" type="checkbox"/> APPROVED WITH CONDITIONS</p> <p>Report Reason(s) for Denial or Necessary Conditions Here:</p> <p><u>Well to be installed in accordance</u></p> <p><u>with State + Local Code</u></p> | <p>BUSINESS ADDRESS</p> <p><u>1390 Dewey Pl - Campo - 92006</u></p> <p>LICENSE NUMBER <u>312853</u></p> <p>Cash Deposit <input checked="" type="checkbox"/> Bond Posted <input type="checkbox"/></p> <p>Fee paid on _____</p> | |
| <p>I hereby agree to comply with all regulations of the Department of Health Services and with all ordinances and laws of the County of San Diego and of the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work I will furnish the Department of Health Services with a complete and accurate log of the well.</p> | | |
| <p><u>[Signature]</u></p> <p>HEALTH OFFICER</p> <p><u>11-22-89</u></p> <p>DATE</p> | <p><u>[Signature]</u></p> <p>APPLICANT'S SIGNATURE</p> <p><u>11-20-89</u></p> <p>DATE</p> | |

LWEL-3131

None

LOCATION

INDICATE BELOW THE VICINITY AND EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS AND OTHER POTENTIAL CONTAMINATION SOURCES, INCLUDING DIMENSIONS.



County Mail Station - A-21

FIRST CARBON COPY

WPK 2 J. Coyn *File*
4-18-90 J.S.

ASSESSORS PARCEL NUMBER:

658 081 06

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HIGHWAY, SAN DIEGO, CA 92101-2417

Notice of Intent No. 243865
Local Permit No. or Date W02282

WATER WELL DRILLERS REPORT
(INSERT under ORIGINAL PAGE w/carbon of State Form)

State Well No. _____
Other Well No. _____

(1) OWNER: Name Martin S. Cooper
Address P.O. Box 1265
City Boulevard Zip 92005
(2) LOCATION OF WELL (See instructions):
County San Diego Owner's Well Number _____
Well address if different from above 633 Tierra Del Sol Rd.
Township 18S Range 6E Section 15
Distance from cities, roads, railroads, fences, etc.
South of Hwy 94 on Tierra Del Sol Rd.
Just past the town of Tierra Del Sol
and south of the RR tracks

DEPARTMENT USE ONLY

Completed Well Construction: _____
Date 11/26/89
Date Inspected 1/12/92
Comments Evidence of annular seal
Casing properly capped.

Water Sample Taken? No

Sanitary Approval:

Paul E. Schmitt
Pending prove of safe water
well sample.

(3) TYPE OF WORK:
New Well ☒ Deepening ☐
Reconstruction ☐
Reconditioning ☐
Horizontal Well ☐
Destruction ☐ (Describe destruction materials and procedures in Item (12))

(4) PROPOSED USE:
Domestic ☒
Irrigation ☐
Industrial ☐
Test Well ☐
Stock ☐
Municipal ☐
Other ☐

(5) Equipment:

Rotary ☒ Reverse ☐
Cable ☐ Air ☐
Other ☐ Bucket ☐

(6) Gravel Pack:

Yes ☐ No ☒ Size _____
Diameter of above _____
Packed from _____ to _____ ft.

(7) Casing Installed:

Steel ☒ Plastic ☐ Concrete ☐

(8) Perforations:

Type of perforation or size of screen

| From ft. | To ft. | Dia. in. | Gage or Wall | From ft. | To ft. | Slot Size |
|----------|--------|----------|--------------|----------|--------|-----------|
| 0 | 51 | 7" | 188 | | | |

(9) WELL SEAL:

Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 51 ft.
Where strata sealed against pollution? Yes ☒ No ☐ Interval _____ ft.
Method of sealing cement

(10) WATER LEVELS:

Depth of first water, if known 51 ft.
Standing level after well completion 30 ft.

(11) WELL TESTS:

Was well test made? Yes ☒ No ☐ If yes, by whom? self
Type of test Pump ☐ Bailor ☐ Air lift ☒
Depth to water at start of test 30 ft. At end of test 30 ft.
Discharge 1.8 gal/min after 4 hours Water temperature _____
Chemical analysis made? Yes ☐ No ☒ If yes, by whom? _____
Was electric log made? Yes ☐ No ☒ If yes, attach copy to this report

(12) WELL LOG: Total depth 220 ft. Depth of completed well 220 ft.
from ft. 0 to 220. Formation (Describe by color, character, size or material)

0 - 48 Top Soil - Sandy
48 - 80 Hard White Granite
80 - 120 " " "
120 - 160 " " " w/fractures
160 - 220 Med Hard White Granite w/ small fractures

Water Strata

0 - 55 0
55 - 100 7 Gal P/M
100 - 160 3 Gal P/M
160 - 220 8 Gal P/M
18 Gal P/M Total

Work Started 11-24-1989 Completed 11-26-1989

WELL DRILLERS STATEMENT: I hereby declare under penalty of perjury that the information provided in this report is true. This water well was installed in compliance with San Diego County Code and State of California, Department of Water Resources, Bulletin No. 74.

SIGNED

David Keeley
(Well Driller)

NAME McGuffie Well Drilling
(Person, firm, or corporation) (Type or Print)

ADDRESS 1390 Dewey Pl

CITY Campo, CA ZIP 92006

LICENSE NO. 312853 DATE THIS REPORT 11/28/89

COUNTY OF SAN DIEGO
DEPARTMENT OF PUBLIC HEALTH
1600 PACIFIC HIGHWAY, SAN DIEGO, CA 92101

WATER WELL DRILLERS REPORT

State Well No. _____

Other Well No. _____

(1) OWNER:

Name Joseph H Brown
Address 1670 Whigham Place
of Cajon Calif. 92021

(2) LOCATION OF WELL:

County San Diego Owner's number, if any #1
Township, Range, and Section 18-5-6-E-13
Distance from cities, roads, railroads, etc. South side of
Terra Del Sol Rd. 1/4 mile after Black top ends

(3) TYPE OF WORK (Check):

New Well ☒ Deepening ☐ Reconditioning ☐ Destroying ☐
If destruction, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) EQUIPMENT:

Rotary ☐
Cable ☐
Other AIR ☒

(6) CASING INSTALLED:

STEEL: OTHER:

SINGLE ☒ DOUBLE ☐

If gravel packed

| From ft. | To ft. | Diam. in. | Gage or Wall | Diameter of Bore | From ft. | To ft. |
|----------|--------|-----------|--------------|------------------|----------|--------|
| 0 | 20 | 6 5/8 | 1.88 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Size of shoe or well ring:

Size of gravel:

Describe joint

(7) PERFORATIONS OR SCREEN:

Type of perforation or name of screen

| From ft. | To ft. | Perf. per row | Rows per ft. | Size in. x in. |
|----------|--------|---------------|--------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes ☒ No ☐ To what depth 20 ft.

Were any strata sealed against pollution? Yes ☐ No ☒ If yes, note

depth of strata From ft. to ft.
From ft. to ft.

Method of sealing Best Cement

(9) WATER LEVELS:

Depth at which water was first found, if known 286 ft.

Standing level before perforating, if known _____ ft.

Standing level after perforating and developing 200 ft.

(10) WELL TESTS:

Was pump test made? Yes ☒ No ☐ If yes, by whom? Driller

Yield: 5 gal/min. with _____ ft. drawdown after 2 hrs.

Temperature of water 68 Was a chemical analysis made? Yes ☐ No ☒

Was electric log made of well? Yes ☐ No ☒ If yes, attach copy

(11) WELL LOG:

Total depth 520 ft. Depth of completed well 520 ft.

Formation: Describe by color, character, size of material and structure
ft. to ft.

0 - 11' Sand Soil + Soft D.G.

11' - 60' White Felspar Rock
(medium Hard)

60' - 180' White Colored Granite

180' - 191' Brown Clay

191' - 286 White Colored Granite
Med. Hard

286' - 289' Rusty Colored Granite
Med. Hard.

289' - 480' White Colored Granite

480' - 500' Brown Clay

500' - 520' White Granite
Med. Hard

Work started 10/1 1978, Completed 10/4 1978

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Fisher & Son's Well Drilling Co.
(Person, firm, or corporation) (Typed or printed)

Address Rt. 1 Box 71

Campo Calif. 92006

[Signed] Bud Fisher
(Well Driller)

License No. 314485 Dated 10/10/1978

SKETCH LOCATION OF WELL ON REVERSE SIDE

OVER

COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES

WELL PERMIT
APPLICATION

Control #

W04882
158-090-

APN 658 090 23

Control # W04882

TYPE OF WORK (Check)

- New Well ☒
Repair or Modification ☐
Time Extension ☐
Destruction ☐

USE (Check)

- Individual Domestic ☒
Agricultural ☐
Industrial ☐
Community ☐
Other ☐

EQUIPMENT (Check)

- Rotary ☒
Cable Tool ☐
Other ☐

PROPOSED WELL DEPTH

Max. 1000 Min. 200 (Feet)

PROPOSED SEALING ZONE(S)

From 0 to 20 Feet
From to Feet
From to Feet

PROPOSED PERFORATIONS OR SCREEN

From to Feet
From to Feet
From to Feet
From to Feet

Type Steel

Depth 20

PROPOSED CASING

Diameter 7" Wall or Gauge 156

SEALING MATERIAL (Check)

- Neat Cement Grout ☐
Sand Cement Grout ☐
Other-Specify: ☐
Bentonite Clay ☐
Concrete ☐

DATE OF WORK

Start 8/3/94
Completion 8/7/94

NAME OF WELL OWNER

Betty Giddings 766-3466

LOCATION OF WELL

873 Tierra del Sol Blvd. 91905

NAME OF WELL DRILLER

Shannon Dierkop

445-8731

COMPANY

Franks well Drilling

DISPOSITION OF APPLICATION
(FOR HEALTH OFFICERS USE ONLY)

- ☒ APPROVED
☐ APPROVED WITH CONDITIONS
☐ DENIED

Report Reason(s) for Denial or Necessary Conditions Here:

BUSINESS ADDRESS

PO Box 30153 Guatay ca. 91901

LICENSE NUMBER

437700

- Cash Deposit ☐
Bond Posted ☒

23500 Fee paid on 8/3/94

I hereby agree to comply with all regulations of the Department of Health Services and with all ordinances and laws of the County of San Diego and of the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work I will furnish the Department of Health Services with a complete and accurate log of the well.

HEALTH OFFICER

8/10/94
DATE

APPLICANT'S SIGNATURE

8/3/94
DATE

038-050-13

Giddings, Betty

QUADRUPPLICATE
For Local Requirements

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

FOR DWR USE ONLY - DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

Page 1 of 2 # 762

Owner's Well No. _____ No. **455942**

Date Work Began 8/6/94, Ended 8/6/94

Local Permit Agency County of San Diego Health Dept

Permit No. W04882 Permit Date 8/10/94

GEOLOGIC LOG

WELL OWNER

ORIENTATION () ☒ VERTICAL _____ HORIZONTAL _____ ANGLE _____ (SPECIFY)

Name Betty Giddings

Mailing Address 873 Terradel Solero

CITY San Diego STATE CA ZIP 92105

DEPTH TO FIRST WATER _____ (Ft.) BELOW SURFACE

DEPTH FROM SURFACE

Ft. to Ft.

DESCRIPTION

Describe material, grain size, color, etc.

0-36 Sand

36-100 Lignite

100-120 WATER frac 2 gpm

120-140 WATER frac 6 gpm

140-170 WATER frac 10 gpm

WELL LOCATION

Address _____

City San Diego

County _____

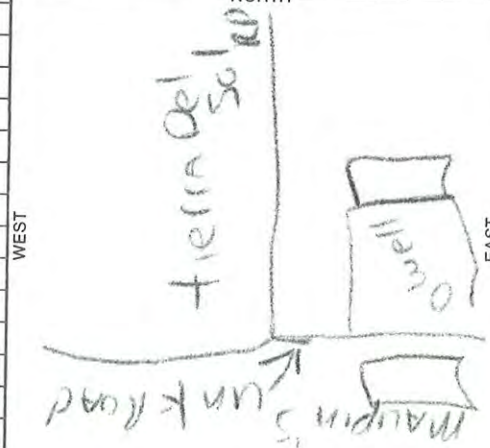
APN Book 658 Page 040 Parcel 23

Township 18S Range 6E Section 17

Latitude _____ NORTH Longitude _____ WEST

LOCATION SKETCH

NORTH



ACTIVITY ()

☒ NEW WELL

MODIFICATION/REPAIR

_____ Deepen

_____ Other (Specify)

DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

PLANNED USE(S)

()

MONITORING

WATER SUPPLY

☒ Domestic

_____ Public

_____ Irrigation

_____ Industrial

_____ "TEST WELL"

_____ CATHODIC PROTECTION

_____ OTHER (Specify)

Completed Well Construction

Date 8/6/94

Date Inspected 9/6/94

Comments Evidence of annular seal. Casing capped.

FAILED

Water Sample Taken? No 3 pass

Reviewed By [Signature]

Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc. PLEASE BE ACCURATE & COMPLETE.

DRILLING METHOD Air Percussion FLUID Water

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH OF STATIC WATER LEVEL unk (Ft.) & DATE MEASURED 8/9/94

ESTIMATED YIELD 18 (GPM) & TEST TYPE Air Lift

TEST LENGTH 2 (Hrs.) TOTAL DRAWDOWN unk (Ft.)

* May not be representative of a well's long-term yield.

TOTAL DEPTH OF BORING 170 (Feet)

TOTAL DEPTH OF COMPLETED WELL 177 (Feet)

| DEPTH FROM SURFACE | | | BORE-HOLE DIA. (Inches) | CASING(S) | | | | | | | ANNULAR MATERIAL | | | | | | | |
|--------------------|-------|-------|-------------------------|-----------|-------------|-----------|--|------------------|----------------------------|-------------------------|---------------------------|------|-------|--|-----|----|-----|---------------|
| | | | | TYPE () | | | | MATERIAL / GRADE | INTERNAL DIAMETER (Inches) | GAUGE OR WALL THICKNESS | SLOT SIZE IF ANY (Inches) | TYPE | | | | | | |
| Ft. | to | Ft. | BLANK | SCREEN | CON- DUCTOR | FILL PIPE | | | | | | | | | Ft. | to | Ft. | CE- MENT () |
| 0 | 0 1/2 | 11' | | | | | | ASTM 53 | 5 1/2 | 15.6 | Ø | 0 | 2 1/2 | | | X | | |
| 11 | 150 | 6 1/2 | | | | | | SPRZ 1 | 1 1/2 | 20psi | 1/16 | | | | | | | 3/8 well rock |
| 0 | 150 | 4' | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

ATTACHMENTS ()

- Geologic Log
- Well Construction Diagram
- Geophysical Log(s)
- Soil/Water Chemical Analyses
- Other _____

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME FRANKS Well Drilling

(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

ADDRESS Box 310153 CITY Guatay STATE CA ZIP 91931

Signed [Signature] DATE SIGNED 8/10/94 43706 C-57 LICENSE NUMBER